



North Central Health Care

Person centered. Outcome focused.



Compassionately serving our community
through accessible, specialized care.



In response to a request from the North Central Health Care Oversight Task Force of Marathon County for information to help them to better understand NCHC, we have provided the following materials aimed at clarifying the relationship between NCHC and Marathon County as one of the three parties to the agreement that is the basis of the organization. This information also seeks to provide a clear picture of the scope and breadth of the mission of NCHC.

As requested, the information describes each program provided by NCHC including detail related to statutory requirements, wait lists (access), volume and frequency of services as well as the number of clients served. There is also a detailed analysis of funding sources as well as the costs associated with each service both aggregated and by unit of service. As requested, all financial data ties back to the most recent NCHC audit.

In addition, we have also provided detail on outcomes required of and achieved by for each program for 2014 in the Program Dashboards section.

The section beginning on page 4, *Marathon County and North Central Health Care: Our History and Relationship*, is one that was generated by Brad Karger and myself over two years ago. It is aimed at clearly defining the relationship between NCHC and Marathon County. I believe that this document is a critical source document for the work of the Oversight Task Force in understanding and defining the relationship that NCHC and Marathon County share together.

A handwritten signature in black ink that reads "Gary Bezucha".

Gary Bezucha
CEO
North Central Health Care



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Marathon County and North Central Health Care

Our History and Relationship

In the early 1970's, Chapter 51 was enacted, obligating counties to provide services for individuals with mental illness, alcohol and other drug dependencies and developmental disabilities. Counties had three options in which to meet this obligation. They may choose to self-provide the services by hiring mental health and substance abuse professionals. A second option would be to contract with professionals already providing services in the community. And lastly, counties could form a Community Programs Board.

Marathon County, along with Langlade and Lincoln counties, determined that developing a Community Programs Board would be the selected route. A collaborative, mutually sponsored organization, North Central Health Care, was formed to carry out the obligations of each of the three counties related to mental health, substance abuse and developmental disabilities services. The formation of North Central Health Care did not eliminate the obligation of the counties to provide the services mandated by Chapter 51, leaving this obligation as a responsibility of the counties themselves. However, the counties would fulfill the responsibilities to individuals in the communities through the work of a multi-county Community Programs Board.

By forming such an organization, the three counties intended to not only fulfill the statutory obligations, but to do so in a manner that was more cost effective than simply duplicating infrastructure and programs in each of the three counties. This cooperative model was also intended to take advantage of the critical mass created to provide opportunities to develop and maintain programs and services that no single county would be able to do on their own. They intended to provide a level of access to services that could not be achieved by a single county organization.

North Central Health Care was formed much like a rural cooperative. As a cooperative, no individual member owns it or directs its operation. To better understand the role and relationship of NCHC with its member Counties, it is important to recognize that NCHC has its own legal identity and the capacity to act independent of the member counties. Also, employees of NCHC are not employees of the member counties.

North Central Health Care is governed by a Board of Directors, whose responsibilities include determining the scope of public services provided, who they are provided to and at what cost they are being offered. The administration of North Central Health Care has the responsibility of determining how these public services will be delivered. The member counties select North Central Health Care Board members who are to act in the best interests of North Central Health Care, not as representatives of their county.

Funding is provided through a mixture of state and federal aids, user fees, third party payments and County tax levy allocation. North Central Health Care does not have taxing authority. Currently, North Central Health Care serves Marathon County in a very similar way that the Information Technology Commission and IT Department serve both Marathon County and North Central Health Care.



Openness, social responsibility and a commitment to the success of both North Central Health Care and Marathon County are critical to the success of the regional entity. Both organizations will need to consider issues and challenges in the context of what best serves the people of our community. When a mutual decision is made that North Central Health Care does not have the resources or expertise to meet a particular need of the community, there are, and will continue to be behavioral health and AODA services that are not provided by North Central Health Care. There may potentially be an outside provider that can better meet that need. As an example, Marathon County currently does not use North Central Health Care to assess mental disability of a County employee making a worker's compensation claim.

As a cooperative, it is important that North Central Health Care remains in touch with members and routinely assesses the satisfaction of the services provided. This would be similar to the way a Credit Union serves employees of both the County and North Central Health Care and routinely solicits and acts upon information from members. The majority of North Central Health Care's public services are delivered directly to customers. However for involuntary services, such as child welfare or justice alternatives, the County is one of the customers of service.

Marathon County, a member of the North Central Health Care Cooperative, may have the need to request a new service. That request would be directed to the North Central Health Care Board, who is responsible for making policy decisions such as what services will be offered, who will be eligible to receive these services and at what cost they are provided. If North Central Health Care cannot, or chooses not to meet the need of the request, and Marathon County still wishes to pursue the request, North Central Health Care will provide the technical assistance in procuring a private sector option.

In the event that Marathon County has a complaint with regard to quality, expertise or timeliness of services provided, those issues shall first be addressed directly with North Central Health Care's designated point of contact. If given adequate time, with those interacting failing to resolve the situation, the issue will be escalated to the County Administration, who will then engage senior levels of administration of North Central Health Care to work towards a solution. Likewise, if North Central Health Care has concerns regarding the appropriate levels of cooperation from Marathon County, which could be potentially impacting the ability of North Central Health Care to achieve its stated goals, those concerns will first be addressed directly with the appropriate point of contact within Marathon County. If given adequate time and effort, those interacting are unable to resolve the situation, the issue may be escalated to an appropriate senior executive within North Central Health Care.



North Central Community Services Program Board of Directors

Last Name	First Name	County	Joined Board	Background
Burgener	Jean	Marathon	Aug-06	<ul style="list-style-type: none"> · Chair, Nursing Home Operations Committee · Retired VP of Post Acute Care-Aspirus · Long history of long term care administrative experience · Licensed Nursing Home Administrator
Kelly	Joanne	Marathon	Mar-95	<ul style="list-style-type: none"> · Executive Director, United Way of Marathon County
Matucheski	Holly	Langlade	Apr-12	<ul style="list-style-type: none"> · Retired Langlade County Public Health Officer · Langlade County Board Supervisor
Metter	Bill	Marathon	Oct-10	<ul style="list-style-type: none"> · Retired, Information Technology expert · Retired, Clergy
Miller	Bill	Marathon	May-14	<ul style="list-style-type: none"> · Retired auditor · Marathon County Board Supervisor
Nye	Ron	Langlade	Apr-08	<ul style="list-style-type: none"> · Board Chair · Retired educator · Langlade County Supervisor
Olkowski	Lee	Marathon	May-05	<ul style="list-style-type: none"> · Retired VP of Aspirus Hospital · Licensed Nursing Home Administrator
Penniman, M.D.	Eric	Marathon	Jan-14	<ul style="list-style-type: none"> · Family Practice Physician and East District Medical Director for Primary Care, Marshfield Clinic
Robinson	John	Marathon	Jul-07	<ul style="list-style-type: none"> · Chair, Human Services Operations Committee · Extensive experience with DNR · Marathon County Board Supervisor
Rusch	Greta	Lincoln	Apr-14	<ul style="list-style-type: none"> · Retired Lincoln County Public Health Officer · Lincoln County Board representative
Scudiere	Laura	Marathon	Jan-13	<ul style="list-style-type: none"> · Chair, Quality Committee · Executive Director, Bridge Community Health Clinic
Tange, M.D.	David	Marathon	Jan-13	<ul style="list-style-type: none"> · Internal Medicine Specialist, Aspirus system · Extensive health care governance experience
Weaver	Robert	Lincoln	Apr-12	<ul style="list-style-type: none"> · Retired Plumbing Contractor · Lincoln County Board Supervisor
Zriny	Jeff	Marathon	Apr-14	<ul style="list-style-type: none"> · Retired Director, Wausau Area Chamber of Commerce · Retired, Health Insurance Executive · Marathon County Board Supervisor





North Central Health Care

Person centered. Outcome focused.

The North Central Community Services Program is a governmental organization established by the counties of Langlade, Lincoln and Marathon, and governed by a Board of Directors under Wisconsin State Statutes 51.42/.437, to provide for services to mentally ill, alcoholic, drug dependent and developmentally disabled persons. The Program operates North Central Health Care, with its main campus in Wausau, and centers and offices located in Merrill, Tomahawk, and Antigo.

North Central Health Care offers outpatient, day treatment, community treatment and inpatient services for mental and emotional needs; outpatient, detoxification services for alcohol and drug dependency; and vocational, life skill training, early intervention, housing and care management services for developmentally disabled individuals. Mount View Care Center offers skilled nursing facility services at the main campus in Wausau with a licensed capacity of 240 residents. Those served at Mount View Care Center include individuals in need of short term rehabilitation or post acute care with complex physical needs, ventilator dependent care, long term skilled nursing care, or those in need of specialized nursing care for dementia, psychiatric and neurological diseases, or behavior problems.

Our Mission

North Central Health Care compassionately serves the community through accessible, specialized care.



Wausau Campus

1100 Lake View Drive
Wausau, Wisconsin 54403
715.848.4600

Merrill Center

607 N. Sales Street, Suite 309
Merrill, Wisconsin 54452
715.536.9482

Mount View Care Center

2400 Marshall Street
Wausau, Wisconsin 54403
715.848.4300

Antigo Center

1225 Langlade Road
Antigo, Wisconsin 54409
715.627.6694





North Central Health Care Programs

The following section contains information about the various service programs at North Central Health Care, including mental health, substance abuse, protective, developmental disabilities, transportation, aquatic physical therapy and skilled nursing programs.

For each program, a description is provided for the services along with the population served, regulations, staffing requirements, community partners and relationships and hours and days of service.



Program: Behavioral Health Services: Emergency and Crisis Services

Description:

North Central Health Care Emergency & Crisis Services is a state certified program offering services to residents of Marathon, Langlade and Lincoln counties. Services include a 24-hour Crisis Center, a 24-hour Hotline, Mobile Crisis response team, Youth Crisis and Crisis CBRF. Individualized services are provided in the least restrictive manner utilizing natural and peer supports whenever possible. The focus of the program is on prevention and de-escalation of crisis situations, while also offering community based options. The program is equipped with resources to assess and divert many situations from an inpatient hospitalization.

Crisis Center: 24-hour specialized assistance with urgent mental health, developmental disability or substance abuse needs and may also act as an in-house, short-term Crisis Stabilization Unit. Support will be provided to stabilize the conditions of acute mental health symptoms. Acting as a triage center, much of what the Crisis Center does is get the individual to the location or access to services that they need to alleviate their crisis.

Crisis & Suicide Prevention Hotline 1-800-799-0122: The Crisis & Suicide Prevention Hotline is confidential and anonymous. Specially trained staff provide emergency and crisis counseling over the phone, including intervention. Assistance is provided 24 hours a day, 7 days a week with emotional, mental health, suicide prevention or substance abuse situations.

Mobile Crisis: The Mobile Crisis Services team is a state certified Mobile Crisis Unit that travels to avert a crisis and de-escalate a situation. Assessments and interventions by the Mobile Crisis Team are available on-site at the North Central Health Care offices in Wausau, Antigo and Merrill, or with law enforcement out in the community. The Mobile Crisis teams are made up of trained personnel in the area of crisis intervention and utilize physicians, nurses, law enforcement personnel, psychiatrists, mental health technicians, and other specially trained staff.

The team offers an assessment and assists with the disposition of the crisis situation. Disposition may include, but is not limited to, the following: inpatient psychiatric treatment, crisis bed placement, youth crisis bed, and other community placements. The team can also provide linkage and follow-up services with other community providers and agencies to ensure continuity of care.

Mobile Crisis Services are available for residents in:

Marathon County: 8:00 am – 12:00 midnight, 7 days per week, including all weekends and holidays.

Langlade & Lincoln Counties: 10:00 am – 4:00 pm, Monday – Friday only.

Mobile Crisis is closed on weekends and holidays.

Youth Crisis: The Youth Crisis Services serves children and adolescents under the age of 18. Support will be provided to stabilize the conditions of acute mental health symptoms and short-term respite, one-on-one counseling, monitoring and support will be provided in a separate area designated for youth on the Wausau Campus.

Crisis CBRF: The Crisis CBRF (Community Based Residential Facility) provides crisis stabilization to individuals who would otherwise be hospitalized. It also provides step down care from hospitalization to the community. The Crisis CBRF is a 6-bed unit located on the Wausau Campus.

Population Served:

All ages and legal status are served by the Crisis Center Services. Anyone and everyone who is having a crisis related to mental illness, substance abuse or suicide may be served in some capacity. Elderly, de-

developmentally disabled individuals, families, children, and adults may all be served in the Crisis Center. The Crisis Center also provides referrals to other organizations when needs are related to situations such as job loss, spousal abuse, housing and other life issues that do not rise to the level of a "crisis".

Regulations:

Crisis Services are certified by the Department of Health Services, Chapter DHS 34.

Staffing Requirements:

Crisis Workers
Clinical Supervisor

Community Partners/Relationships:

North Central Health Care works with Hazelden and under contract provides the suicide hotline services for the U.S. Navy, Navymore program. Navymore is an addictions program assists individuals with their personal growth and abstinence by providing comprehensive and personalized support for every step of the recovery journey.

Aspirus contracts with NCHC to provide crisis services on an on-call basis to the Aspirus hospital in Wausau. The primary use of this service is to assess and triage individuals that present with mental health or substance abuse needs in the Emergency Department at the hospital.

Shawano County contracts with NCHC to provide crisis line services.

Hours/Days of Service:

Crisis Center, Hotline, Crisis CBRF, Youth Crisis:
24 hours/day, 7 days/week, 365 days/year

Mobile Crisis Marathon County:
8:00 am – 12:00 midnight, 7 days per week, including all weekends and holidays.

Mobile Crisis Langlade & Lincoln Counties:
10:00 am – 4:00 pm, Monday – Friday only, closed on weekends and holidays.

Program: Behavioral Health Services: Inpatient Psychiatric Hospital

Description:

North Central Health Care provides inpatient behavioral health services through Inpatient Psychiatric Hospital for individuals that have severe psychiatric and detoxification needs. The Inpatient Psychiatric Hospital is an adult civil unit that provides assessment, evaluation and treatment of mental health and psychiatric needs in addition to medication management to ensure stabilization of an acute mental health crisis. The Inpatient Psychiatric Hospital offers psychiatric and alcohol detoxification services on both a voluntary and involuntary basis and consists of a 16-bed unit located on the Wausau Campus.

Population Served:

Inpatient Psychiatric Hospital provides care for those 13 and older. For those under the age of 13, appropriate placement and inpatient care services can be arranged through the Crisis Center as needed. All individuals in Marathon, Lincoln and Langlade counties with severe psychiatric and detoxification needs are served.

Regulations:

The hospital is licensed by the State of Wisconsin. Additionally, the hospital is certified by the Department of Health Services, Chapter DHS 124 & Chapter DHS 75 (medical detoxification).

Center for Medicare/Medicaid Services - Conditions of Participation

Staffing Requirements:

Physicians – to oversee primary medical care, including detoxification
Psychiatrists – to oversee mental health care
Director of Nursing
Registered Nurses
Licensed Practical Nurses
Masters Social Worker
Social workers
Substance Abuse Counselors
Occupational Therapist
Certified Occupational Therapy Assistant
Nursing Assistants (Psychiatric Technicians)

Community Partners/Relationships:

Referrals are received from internal programs of NCHC, law enforcement.

Hours/Days of Service:

24 hours/day, 7 days/week, 365 days/year

Program: Behavioral Health Services: Inpatient Hospital - Ambulatory Detoxification Program

Description:

The North Central Health Care Ambulatory Detoxification Program is an outpatient model for individuals requiring detoxification from drugs and alcohol. The program is unique in that it provides many of the benefits of inpatient detoxification but in a setting that is more cost effective and less restrictive. The program is available 24 hours a day, seven days per week, where patients will be under the care of an interdisciplinary team that includes Physicians, Registered Nurses, Nurse Practitioners, Behavioral Health Technicians, in addition to a Substance Abuse Counselor, Medical Director, Nursing Director, and the Behavioral Health Services Director.

Services include assessment and patient observation, medical history, monitoring of vital signs, treatment of withdrawal symptoms, Substance Abuse Counselor consultation, and referrals for ongoing addiction and substance abuse treatment. _

The Ambulatory Detoxification Program consists of a medically managed, monitored and structured detoxification service provided on an outpatient, voluntary basis and delivered by a physician or other service personnel acting under the supervision of a physician.

- Ambulatory detoxification patients will be assessed for psychological and social signs and symptoms of substance abuse and dependence, along with mental health disorders, trauma and suicide risk, using Wisconsin Uniform Placement Criteria (WI-UPC) and Clinical Institute Assessment of Alcohol Scale Revised (CIW-Ar)
- Management and monitoring of intoxication withdrawal will be performed by nursing staff, including assessment and dispensing of medications to assist with withdrawal
- The service will generally be limited to 48 hours or less but may extend in duration for specific cases

Referral for ongoing treatment is provided upon discharge.

Population Served:

NCHC's Ambulatory Detoxification Program provides care for individuals age 18 and older from Marathon, Lincoln and Langlade counties in need of detoxification for alcohol and opiate withdrawal in an ambulatory outpatient setting who do not require general hospital services for alcohol poisoning or who are not severely medically compromised.

- Each patient will be evaluated on an individual basis
- To meet admission criteria for the ambulatory detoxification services, patients must require detoxification from alcohol or opiates, including but not limited to acute intoxications or withdrawal
- Clients will generally be cooperative and voluntary.
- Ambulatory Detoxification is a voluntary service that cannot hold individuals against their will; accordingly, this program is not designed to accommodate involuntary commitments

Regulations:

Ambulatory Detoxification services are certified by the Department of Health Services under Chapter DHS 75.

Staffing Requirements:

Physicians

Substance Abuse Counselors
Nursing Assistants (Psychiatric Technicians)

Community Partners/Relationships:

Referrals are received from internal programs of NCHC, law enforcement, hospitals, clinics, self-referrals, and the community at large.

Hours/Days of Service:

24 hours/day, 7 days/week, 365 days/year



Program: Community Treatment: Comprehensive Community Services (CCS)

Description:

Comprehensive Community Services (CCS) helps individuals with substance abuse, mental health issues or co-occurring disorders achieve their potential and establish a meaningful life within the community by providing individualized services that fit a person's lifestyle, are recovery-oriented, flexible and empowering.

CCS serves individuals of any age. Those individuals are matched with a CCS Service Facilitator who collaborates with them to provide support in meeting their needs, reaching their goals and working towards recovery.

CCS services include:

- Assessment
- Recovery planning
- Service coordination
- Communication and interpersonal skills training
- Community skills development and enhancement
- Employment related skill training
- Medication management and assistance
- Physical health assistance and monitoring
- Psycho-education
- Recovery education and illness management
- Counseling
- Groups to aid in skill building and quality of life enhancement
- Peer-specialist Services, includes counseling with an individual who share their own recover experience

Population Served:

CCS serves individuals of any age, including adults and children, who are coping with substance abuse, mental health issues or co-occurring disorders. Treatment, rehabilitation and support services have been specifically designed for youth, adults and individuals with high-intensity needs or co-occurring disorders.

Regulations:

CCS is a certified program and operates under the Department of Health Services, DHS Chapter 36, Comprehensive Community Services for Persons with Mental Disorders and Substance-Use Disorders.

Staffing Requirements:

Administrator

Clinical Coordinator

Psychiatrist

Mental health professionals and Substance Abuse professionals (case managers)

Community Partners/Relationships:

CCS requires a coordinating committee that includes representatives from various county or tribal departments, including individuals who are responsible for mental health and substance abuse services, service providers, community mental health and substance abuse advocates, consumers, family members and interested citizens. This committee reviews and makes recommendations regarding the CCS plan, the CCS quality improvement plan, personnel policies, and other policies, practices, or information that the committee deems relevant to determining the quality of the CCS program and protection of consumer rights. Referrals for CCS are received internally from NCHC, counseling agencies, hospitals, clinics, county programs and self-referrals.

Hours/Days of Service:

Wausau Campus Staff: Monday – Friday, 7:00 am – 11:00 pm
Saturday – Sunday, 6:00 am – 11:00 pm
Antigo Center Staff: Monday – Friday, 8:00 am – 4:30 pm
Merrill Center Staff: Monday – Friday, 8:00 am – 4:30 pm



Program: Community Treatment: Community Support Program (CSP)

Description:

Community Support Program helps individuals with mental health issues build a path to recovery that is accessible, unique to the individual and flexible. One that provides support, treatment and rehabilitation in settings that best suit the individual — be it a community, home or work setting. We also provide a Supported Apartment Program that offers individuals the opportunity to reside in their own apartment while receiving 24/7 access to our Community Support services.

North Central Health Care's Community Support Program offers adults with severe and persistent mental illnesses:

- Initial and in-depth assessments to help determine the best course of treatment for the individual.
- Recovery planning that integrates vocational training services, psychosocial rehabilitation, psychiatric and psychological counseling, psychotherapy and support services.
- Medication prescription, administration and monitoring.
- Assistance in managing symptoms.
- Daily living, social and recreational skill training.
- Health, nutrition and wellness management.
- Crisis intervention.

North Central Health Care accepts Medical Assistance, Medicare, private insurance, and private payment for services. A sliding scale for payment is available for consumers that are not covered by other insurance.

Population Served:

CSP serves individuals 18 years and older, who are coping with substance abuse, mental health issues or co-occurring disorders. Treatment, rehabilitation and support services have been specifically designed for adults and individuals with high-intensity needs or co-occurring disorders.

Regulations:

CSP is a certified program and operates under the Wisconsin Department of Health Services, Chapter DHS 63, Community Support Programs for Chronically Mentally Ill Persons.

Staffing Requirements:

Program Director

Psychiatrist

Clinical Coordinator

Mental health professionals (case managers)

Client-to-staff ratio may not exceed 20 clients to 1 full-time equivalent staff person.

Community Partners/Relationships:

Referrals for CSP are received internally from NCHC, counseling agencies, hospitals, clinics, county programs and self-referrals.

Hours/Days of Service:

Wausau Campus Staff: Monday – Friday, 7:00 am – 11:00 pm

Saturday – Sunday, 6:00 am – 11:00 pm

Antigo Center Staff: Monday – Friday, 8:00 am – 4:30 pm

Merrill Center Staff: Monday – Friday, 8:00 am – 4:30 pm



Program: Community Treatment: Individual Placement & Support (IPS) or Supported Employment

Description:

Individual Placement & Support (IPS) or Supported Employment was developed to help promote the recovery of people who have a mental illness by helping them to find and keep jobs that allow them to utilize their skills. Employment is a primary goal of most people with serious mental illness. It has been proven that finding suitable work can help people with mental illness feel empowered, value themselves more, and drastically reduce mental health symptoms.

IPS employment specialists offer long-term, ongoing support to employers and their new employee, both on- or off-site. On-site job coaching for orientation, training, or job tasks can be utilized until the employee and employer are both comfortable.

Many individuals in the IPS program work collaboratively with the Department of Vocational Rehabilitation. The IPS model utilizes evidence-based practices developed at Dartmouth Psychiatric Research Center to assure better outcomes for all involved. IPS helps more people with mental illness obtain employment than any other type of vocational program. Individuals gain access to meaningful, income-producing work and inclusion into society. Employers gain productive and qualified employees, a more diverse work force, and the support of vocational services. Communities gain more contributing, tax paying citizens and a more developed awareness and understanding of disabilities.

Population Served:

Individual Placement & Support serves adults 18 and older in Marathon, Lincoln and Langlade counties with mental illness.

Staffing Requirements:

Vocational Counselors

Community Partners/Relationships:

Referrals for IPS are received directly from the Community Treatment

Hours/Days of Service:

Monday – Friday, 8:00 am – 4:30 pm



Program: Substance Abuse Day Treatment

Description:

Substance Abuse Day Treatment provides a more structured and intensive recovery program and requires a significant amount of support while individuals are obtaining treatment. Substance Abuse Day Treatment provides a multi-disciplinary approach in treating chemically dependent individuals. Techniques and interventions aiding recovery include group and individual therapies as well as education directed by a team of skilled individuals trained in multiple disciplines.

The six-week structured Substance Abuse Day Treatment Program is offered on Monday, Tuesday, Thursday and Friday from 9:00 a.m. until 12:15 p.m. Individual therapy appointments are scheduled weekly. Substance Abuse Day Treatment utilizes interventions and techniques to include:

- Group Therapy
- Individual Therapy
- Rational-Emotive Behavioral Therapy (REBT)
- Cognitive Behavioral Therapy (CBT)
- Substance Abuse Education (Alcohol and Other Drugs)
- Co-Occurring Education
- 12-Step Recovery Philosophy
- Guest Speakers
- Dietitians
- Nurse Practitioner
- Music Therapy
- Art Therapy

All individuals are treated by a team of skilled individuals trained in multiple disciplines. This team works together to review and assess the individual's progress and to adjust the individual care plan as needed. Each client is set up with appropriate aftercare treatment with a substance abuse counselor as well as an introduction to the recovery community

Population Served:

Substance Abuse Day Treatment is available on the Wausau Campus to residents of Marathon, Lincoln and Langlade counties.

Regulations:

Day Treatment is certified by the Department of Health Services, Chapter DHS 75.

Staffing Requirements:

Substance Abuse Counselors
Mental Health Counselors
Alcohol and Other Drug Abuse Assessor
Nurse Practitioner
Music Therapist
Art Therapist
Dietitian



Community Partners/Relationships:

Referrals for Substance Abuse Day Treatment are received internally from NCHC programs, Criminal Justice system, Probation and Parole, hospitals, clinics, and the community at large.

Hours/Days of Service:

Monday, Tuesday, Thursday & Friday: 9:00 am – 12:15 pm

Individual Therapy Appointments Available throughout week outside hours above:

Monday, Tuesday, Thursday & Friday: 12:15 pm – 4:30 pm

Wednesday: 8:00 am – 4:30 pm



Program: Outpatient: Mental Health Services

Description:

Outpatient Mental Health Services offers outpatient treatment, counseling and assessment for mental, emotional and substance abuse challenges to residents in Marathon, Lincoln and Langlade counties. Individual, family and group treatment and counseling options are available for people of all ages.

Outpatient Services are non-residential treatment service totaling less than 12 hours of counseling per individual per week, which provides a variety of evaluation, diagnostic, crisis and treatment services. Services include individual counseling and intervention and may include group therapy and referral to substance abuse services that may occur over an extended period.

In addition to techniques used within an individual treatment plan, some services may be utilized independently as necessary, including:

- Mental Health Assessments
- Psychological Evaluations
- Psychological Testing
- Medication Management
- Substance Abuse Assessments

Treatment options are available for individuals, couples, families, and groups and is provided in varying locations including the Wausau Campus, Antigo Center, Merrill Center, Tomahawk Office and participating school districts through a Counseling in the Schools Program.

Population Served:

Outpatient Mental Health Services provides support and treatment to residents of all ages in Marathon, Lincoln and Langlade counties for a multitude of diverse situations including, but not limited to:

- Anxiety
- Depression & Mood Disorders
- Addiction
- Schizophrenia
- Personality Disorders
- Behavioral Disorders
- Abuse/Trauma
- Stress
- Relationship Challenges
- Grief & Loss
- Major Life Changes
- Conflict Resolution

Regulations:

Our outpatient clinics are all certified by the Department of Health Services under the following regulations: Chapter DHS 35 (mental health counseling); Chapter DHS (tele-health)

Staffing Requirements:

Psychiatrists
Registered Nurses
Medical Assistants
Mental Health and Substance Abuse therapists
Psychologists
Referral Coordinators

Community Partners/Relationships:

Referrals for Substance Abuse Day Treatment are received internally from NCHC programs, Criminal Justice system, Probation and Parole, hospitals, clinics, and the community at large.

Hours/Days of Service:

Monday – Friday: 8:00 am – 4:30 pm



Program: Outpatient: Substance Abuse & Addiction Services

Description:

Outpatient Substance Abuse & Addiction Services offers outpatient treatment, counseling and assessment for substance abuse and addictions to residents in Marathon, Lincoln and Langlade counties. Individual, family and group treatment and counseling options are available for people of all ages.

Outpatient services are non-residential treatment service totaling less than 12 hours of counseling per individual per week, which provides a variety of evaluation, diagnostic, crisis and treatment services. Treatment may incorporate counseling, training and educational services with a variety of treatment approaches and techniques. The length of each person's treatment is flexible and based on their need and rate of progress. North Central Health Care has developed several levels of programming to best meet the individual needs of persons in treatment.

Treatment options are available for individuals, couples, families, and groups and is provided in several locations including the Wausau Campus, Antigo Center, Merrill Center and Tomahawk Office.

Population Served:

Outpatient Substance Abuse & Addiction Services provides support and treatment to residents of all ages in Marathon, Lincoln and Langlade counties for a multitude of diverse situations including, but not limited to:

- Alcohol Abuse
- Drug Abuse
- Gambling
- Smoking
- Behavioral Addictions

Regulations:

The substance abuse and addiction services at all NCHC locations are certified by the Department of Health Services, Chapter DHS 75.

Staffing Requirements:

Psychiatrists
Registered Nurses
Medical Assistants
Mental Health and Substance Abuse therapists
Psychologists
Referral Coordinators

Community Partners/Relationships:

Referrals for Substance Abuse Day Treatment are received internally from NCHC programs, Criminal Justice system, Probation and Parole, hospitals, clinics, and the community at large.

Hours/Days of Service:

Monday – Friday: 8:00 am – 4:30 pm

Program: Outpatient: Driving with Care

Description:

North Central Health Care offers an educational and therapeutic Driving with Care program for people who have had four or more OWI convictions or OWI convictions involving serious accident or injury. Our objectives are to reduce the frequency of drinking and driving, and to assist individuals break their chemical dependence.

Driving with Care consists of 33 group sessions held twice a week over four months. Each two-hour group meeting is facilitated by two substance abuse counselors who teach clients to examine and confront their own patterns of thinking and drinking.

Once an individual has completed Driving with Care, it is expected they will continue individual counseling for an additional five to eight months to ensure what they have learned is applied to daily living.

Population Served:

Driving with Care only accepts referrals from Probation and Parole for Marathon County residents.

Regulations:

NCHC works with the State of Wisconsin Department of Transportation and the Wisconsin Department of Health Services to deliver the Intoxicated Driver Program.

Staffing Requirements:

Substance Abuse Counselors

Community Partners/Relationships:

Probation and Parole & Marathon County Justice Alternatives Program

Hours/Days of Service:

Monday – Friday: 8:00 am – 4:30 pm



Program: Community Corner Clubhouse

Description:

Community Corner Clubhouse assists adults with persistent mental illness and substance abuse challenges realize their potential by providing them with a Clubhouse where they can meet friends, build self-confidence, learn valuable life skills and discover untapped talents. Community Corner Clubhouse is an internationally certified, psychosocial rehabilitation community that provides accessible, low cost services in a supportive environment. Clubhouse membership is voluntary and without time limits — offering members to choose the services they need when they need them.

The Clubhouse helps empower members by offering:

- Vocational support helping members return to competitive employment by offering a variety of opportunities.
- Transitional Employment: Competitive, part-time employment that lasts 6-9 months.
- Supported Employment: Job development, job coaching, and long term support for members.
- Independent Employment: Assistance in sustaining long term employment.
- Educational opportunities: We partner with community adult educators to offer a variety of classes for members.
- Housing assistance: We help members find safe, affordable housing.

Population Served:

Adults 18 and older with severe or persistent mental illness or a history of substance abuse.

To be eligible for membership an applicant:

1. must have a primary presenting problem associated with severe and persistent mental illness.
2. should be interested in attending Community Corner Clubhouse, since participation is voluntary.
3. who has a history of substance abuse must be clean and sober for at least 30 days.
4. cannot pose a threat to our community.
5. must be at least 18 years of age. There is no upper age limit.

Community Corner Clubhouse *does not* accept referrals for housing.

To be referred for membership, a referral application must be completed and signed. In addition a current, detailed *psychosocial history* and a current *psychiatric assessment*, both written within the last 90 days is required.

Regulations:

The Clubhouse is accredited by Clubhouse International. Accredited Clubhouses are recognized as operating with a high level of compliance with the International Standards for Clubhouse Programs.

Staffing Requirements:

Director

Vocational Counselor

Generalists

Community Partners/Relationships:

The Clubhouse is overseen by a board, made up of community members that provide direction and guidance for the Clubhouse program. The clubhouse has established relationships with the following entities for Transitional Employment Positions: Trigs, Rib Mountain Goodwill & Weston Goodwill.

Hours/Days of Service:

Monday – Thursday: 8:00 am – 4:00 pm

Friday: 8:00 am – 3:00 pm

Holidays: 10:00 am – 2:00 pm

Monthly Evening Hours (Social Activities): 5:00 pm – 7:00 pm on various days



Program: Adult Protective Services (APS)

Description:

North Central Health Care's Adult Protective Services help protect individuals 18 years of age and older who, due to mental retardation, mental illness, a degenerative brain disorder or other cognitive disability, are vulnerable and unable to make decisions or advocate for themselves. Screenings are conducted to determine the needs and vulnerabilities of adults. Based on professional observations, APS will make referrals for evaluations and services. APS can intervene and provide emergency protective services or placement orders, help petition for guardianship and protective placement for qualified individuals, and complete necessary court reports and evaluations for all protective placements. APS also provide ongoing reviews of protective placements and can assist with locating guardian resources.

APS receives and screens reports of possible elder abuse, neglect (self or by other) and exploitation and then conducts investigations and make referrals to the appropriate agencies to ensure individuals receive the assistance they need. At times, this may involve honoring a competent adult's right to make a poor decision. If necessary, APS can help protect the individual by assisting with protective placement and guardianship actions through the court.

Population Served:

APS serves all adults age 18 and older in Marathon, Lincoln and Langlade Counties. Population served may include individuals with mental retardation, mental illness, a degenerative brain disorder, dementia, or a cognitive disability who are vulnerable and unable to make decisions or advocate for themselves.

Regulations:

Wisconsin Statute Chapters 54, 55 and 46.90. Each county is required to name a responsible agency to make reports for suspected abuse and neglect and to provide a response. As well, each county is required to name an adult protective services agency.

Staffing Requirements:

Supervisor
Social Workers

Community Partners/Relationships:

ADRC, Family Care, IRIS, law enforcement, community services, behavioral health, nursing homes, hospitals, community residential sites and providers, schools, Health Departments, Department of Social Services, physicians, courts, shelters, county and municipalities.

Hours/Days of Service:

Monday – Friday: 8:00 am – 4:30 pm

Program: Residential Services

Description:

Residential Services provides adults with developmental disabilities, mental illness, addiction issues or physical disabilities receive the support they need based on their unique strengths and challenges in a group home or supported apartment setting. Residential services works with individuals to help them assert as much control over their lives as possible — providing them with diverse opportunities that help them structure their daily life. Individuals receive the support they need to establish independence and become fully integrated into their community.

Our services safeguard and promote the health, safety and well being of our residents. They build self-confidence and self-awareness and foster relationships with family, friends and the community at large.

- Assuming personal responsibility. Each resident learns how best to care for him or herself to the best of their abilities and is designed to increase or maintain personal independence.
- Help is based on individual need. Every resident is unique. So is their level of needed supervision.
- Relax. Every day provides residents with the opportunity to pursue their favorite leisure time activities. Religious services are also provided.
- Forming relationships. Residents take part in a variety of community activities based on their interests and capabilities. Activities including family and friend time and community outings.
- Empowering family. Staff assess and monitor residents to develop individual plans that help alleviate stressors that can lead to behavioral problems. Staff develop positive alternative ways to deal with problem behaviors in order to help residents modify behaviors to a more positive end. This knowledge is shared with families to help them find positive alternative ways to deal with problem behaviors that arise.
- Encouraging communication. Residents are provided with the resources, services and assistance they need to maintain good social communication skills.
- Staying healthy. The health of each resident is monitored on a daily basis and we assist in making arrangements for physical, oral or mental health services. All medications are monitored by staff.
- Finding additional resources. Staff assist friends and family in locating appropriate community services as needed.
- Remaining mobile. Transportation services are provided for medical appointments and work.

Residential Services operates five Community Based Residential Facilities (CBRFs) that are congregate living settings, licensed by the State of Wisconsin. They include:

- Hillcrest Avenue has eight beds and is licensed as Class CS home, serving individuals with developmental disabilities who are ambulatory or semi-ambulatory.
- Bissell Street serves eight residents. It is licensed as a CNA home, serving developmentally disabled individuals who are ambulatory, semi-ambulatory or non-ambulatory, but may not be capable of exiting the property without assistance.
- Chadwick Street has seven beds and is licensed as a CNA home, serving developmentally disabled individuals who are ambulatory, semi-ambulatory or non-ambulatory, but may not be capable of exiting the property without assistance.
- Bellewood Avenue can serve six residents. As a CNA home it serves developmentally disabled individuals who are ambulatory, semi-ambulatory or non-ambulatory, but may not be capable of exiting the property without assistance.



- Heather Street is licensed as a CNA home, serving developmentally disabled individuals who are ambulatory, semi-ambulatory or non-ambulatory, but may not be capable of exiting the property without assistance. It can serve seven residents.
- Residential Services operates five supported apartment settings:
- Jelinek I and II Supported Apartments offer individual apartments for men and women with developmental disabilities. Apartments may be rented as a single unit, or shared by two residents.
- Forest Street Supported Apartments has 12 units and serves both individuals with developmental disabilities and chronic mental illness in separate apartments. Support staff is on site 24 hours.
- Fulton Street Apartments offer individual apartments for men and women with developmental disabilities.
- Riverview Towers offers a newly renovated, convenient downtown Wausau location.

Population Served:

Residential Services provide support and care to individuals, 18 and older, with developmental disabilities, mental illness, addiction issues or physical disabilities in Marathon County.

Regulations:

All group homes are certified by the Wisconsin Department of Health Services, Chapter DHS 83, Community-Based Residential Facilities

Staffing Requirements:

There are no specific requirements for staffing of Residential Services and no specific requirements of Family Care for staffing.

Community Partners/Relationships:

Primary referral source is Family Care (CCCW)

Hours/Days of Service:

24 hours/day, 7 days/week, 365 days/year

Program: Day Services: Adult Day Services (ADS)

Description:

North Central Health Care Adult Day Services (ADS) helps individuals with developmental and physical disabilities, who are 18 and older, reach their greatest social, educational, cognitive, life and community potential by offering them a variety of activities that stimulate their interest and growth. ADS works with individuals to assess their strengths and needs, help them choose programs that will help them progress, and track their regression or progress in the program. Operated Monday through Friday, 7:45am to 3:15 pm, a diverse range of programs are provided, including:

- Learning through Leisure
- Computer Skills Build Personal Skills
- Keeping Up With Current Events
- Kitchen as a Classroom
- Healthy Body for a Healthy Mind
- Getting Out and About
- Helping Others to Help Ourselves
- There's Nothing Like a Good Book

ADS programs emphasize activities designed for low levels of functional ability and for clients who have retired from prevocational services.

Population Served:

ADS provides services to individuals, 18 and older, with developmental and physical disabilities in Marathon and Langlade counties.

Regulations:

ADS does not have any specific regulatory requirements. It follows best practice for such services.

Staffing Requirements:

Family Care (CCCW) requires a 6 clients to 1 staff maximum ratio.

Community Partners/Relationships:

Primary referral source: Family Care (CCCW)

Hours/Days of Service:

Wausau Campus: 8:15 am – 3:45 pm with special accommodations if needed with expanded hours of 7:00 am – 8:15 am and 3:45 pm to 4:00 pm.

Antigo Center: 8:00 am – 4:00 pm

Program: Day Services: Prevocational Services

Description:

Prevocational Services at North Central Health Care offers adults 18 and older with developmental disabilities, the opportunity to learn good work skills while promoting self-worth through paid work, as well as advancement in wage, work habits, productivity and skill level. Individuals participate in paid work tasks that could lead to a referral to the Supported Employment Program and employment in the community. Individualized programs focus on work activities, vocational orientation and training and transitional employment.

The prevocational program is available Monday through Friday from 9:00 am - 3:00 pm. Each participant receives an entry assessment, and upon being qualified, is assigned a prevocational case worker.

After completing admission forms and being hired, each participant will:

- have a 30 day assessment to evaluate current level of skills; and
- identify a personal service plan to focus on individual goals and outcomes toward work skill development.

Basic Life Training Sessions offer individuals opportunities to learn and develop skills, knowledge and motivation within a group or classroom setting. This provides participants with the knowledge to improve overall work skills required to progress to competitive employment. Sessions offered include:

- Dressing for Success
- Community Safety
- Effective Communication
- Dealing with Confrontation
- Work Place Ethics
- Alternative Communication

Population Served:

Prevocational Services at North Central Health Care offers adults 18 and older with developmental disabilities.

Regulations:

The supported employment program works with the Department of Vocational Rehabilitation and must meet requirements set forth by the State of Wisconsin Department of Workforce Development.

Staffing Requirements:

Family Care (CCCW) requires 2 staff for the first 15 clients and 1 staff for each additional 15 clients thereafter for services delivered at our prevocational sites (Northern Valley West & Antigo office). Requirements for the Community based prevocational service are 1 staff for every 6 clients.

Community Partners/Relationships:

Primary referral source is Family Care (CCCW)

Community Partners for Community based prevocational services include: Salvation Army, Stable Hands, Marathon County Humane Society, Langlade County Humane Society, St Vincent de Paul, Dime and Dollar, Habitat for Humanity and Camp Blessing.

Hours/Days of Service:

8:00 am – 3:00 pm

Program: Birth to Three

Description:

North Central Health Care's Birth to Three is part of Wisconsin's statewide program providing support and services to infants and toddlers, ages birth to three, with developmental disabilities and their families. As an early intervention program, Birth to Three staff is trained in assessing the developmental strengths and needs of very young children to determine eligibility for the program. Once a child is determined to be eligible, services to support the family's ability to nurture and enhance their child's development are provided.

Birth to Three Core Services include screening and evaluation, family education, developmental education services, service coordination, speech therapy, physical therapy, special instruction, occupational therapy, and assistive technology. Birth to Three can also help access, psychological services, counseling services, nutrition services, medical services (for diagnostic or evaluative purposes only), health services if needed (to help the child benefit from other early intervention services, including hearing and vision services), transportation and assistive technology.

Parents play a primary role in the Birth to Three Program, guiding the Birth to Three staff toward the understanding of their child, identifying daily routines and activities in which their child learns best, and helping determine the setting in which services will be provided.

Referral for services may come from parents, family members, physicians, social workers, therapists, day-care providers or others concerned with a child's development.

Population Served:

Infants and toddlers, ages birth to three, with developmental disabilities and their families who reside in Marathon, Lincoln, and Langlade Counties.

The Birth to Three Program provides services to eligible children and their families when children:

- Have difficulty talking or understanding what is said to them
- Have difficulty with motor actions such as rolling, crawling, sitting, walking, throwing, jumping
- Have difficulty with feeding, dressing or toileting skills
- Are visually or hearing impaired
- Have a diagnosed medical condition that may affect their development; for example, Spinal Bifida, Cerebral Palsy, Down Syndrome, or other chromosomal disorders
- Display atypical development or significant behavioral problems that may lead to a developmental delay
- Play skills do not appear to be developing like others their age.

Regulations:

The Birth-Three program is regulated by the Individuals with Disabilities Education Act (IDEA). IDEA is a national law ensuring services to children with disabilities that governs how states and public agencies provide early intervention, special education and related services. The Department of Health Services oversees the Birth to 3 program in Wisconsin.

Staffing Requirements:

Manager

Physical Therapists

Occupational Therapists

Speech Therapists

Special Education Teachers

Case Managers

Community Partners/Relationships:

Primary referral source is physicians (primary care providers).

Hours/Days of Service:

8:00 am – 4:30 pm with special accommodations to meet needs of families.



Program: Children's Services: Children's Long Term Support

Description:

North Central Health Care Children's Long Term Support (CLTS) provides children who have severe developmental, physical or emotional disabilities with a variety of therapies and services in the environment most comfortable to them — their home. NCHC's skilled professionals work with families to provide adaptive aids, day services, teach daily living skills and offer in-home treatment therapies that help each child realize their greatest potential.

CLTS provides support in identifying services and maximizing resources, assistance in securing supplies, and help in building natural supports by connecting with other families with similar life experiences.

Population Served: Langlade & Lincoln County

To participate in Children's Long Term Support and Family Support Programs children must meet level of care guidelines which include the following:

- Children must be under 22 years of age and MA eligible
- Be a resident of the United States or have an acceptable immigrant status
- Be a Wisconsin resident
- Children must live in the community and be able to receive safe, appropriate care at home
- Have a "level of care" need which typically requires care in an institution such as a hospital, nursing home, or an institution for children with disabilities
- Be able to receive that care at a cost that does not exceed costs to provide those same services in an institutional setting.
- Children's Long Term Support Programs may have additional requirements to qualify for certain types of funding. Eligibility is established on an annual basis.

Services are offered to individuals residing in Langlade and Lincoln counties.

Regulations:

The Children's Long Support Waiver is overseen by the Department of Health Services in Wisconsin.

Staffing Requirements:

Case Managers

Community Partners/Relationships:

Referrals are received from Social Services, NCHC programs, and community members.

Hours/Days of Service:

Monday – Friday: 8:00 am – 4:30 pm

Program: Children's Services: Family Support

Description:

North Central Health Care Family Support provides at-home assistance to families with children who have severe physical, emotional or developmental disabilities. Together, our skilled professionals work with families at home to help them provide their child with the therapies, support and daily skills training he or she needs to perform at optimum levels.

Family Support:

- Provides adaptive and communication aids.
- Helps families locate other resources within the community that can be of assistance to them.
- Offers in-home treatment therapies, supportive care and daily living skills training.
- Provide day services and respite care.
- Assists families with home modifications that meet the needs and abilities of their child.

NCHC can help families determine whether they are available for funding via Medicaid or state and local agencies.

Population Served: Langlade & Lincoln

To participate in Family Support Programs children must meet level of care guidelines which include the following:

- Children must be under 22 years of age and MA eligible
- Be a resident of the United States or have an acceptable immigrant status
- Be a Wisconsin resident
- Children must live in the community and be able to receive safe, appropriate care at home
- Have a "level of care" need which typically requires care in an institution such as a hospital, nursing home, or an institution for children with disabilities
- Be able to receive that care at a cost that does not exceed costs to provide those same services in an institutional setting.

Services are offered to individuals residing in Langlade and Lincoln counties.

Regulations:

The Family Support Waiver is overseen by the Department of Health Services in Wisconsin.

Staffing Requirements:

Case Managers

Community Partners/Relationships:

Referrals are received from Social Services, NCHC programs, and community members.

Hours/Days of Service:

Monday – Friday: 8:00 am – 4:30 pm

Program: Aquatic Services

Description:

North Central Health Care Aquatic Services offers warm water aquatic physical therapy, water exercise programs and community and family swim programs that help individuals manage pain and maintain or reclaim their independence. The therapy pool is maintained at a 90 degree temperature. Under the direction of a physician, North Central Health Care's licensed physical therapist devises a treatment plan using water as both a supporting, gravity-reducing environment and a conditioning medium. Upon discharge, the therapist provides each patient with a self-directed exercise program for pool and home use. Warm water therapy can bring relief from pain, spur recovery and improve range of motion, balance, strength and coordination.

Population Served:

Aquatic Services serve those who have physical disabilities, are recovering from surgeries, or have musculoskeletal conditions such as fibromyalgia, arthritis and lower back pain. All those served are under the referral of a physician.

Regulations:

The operation of the pool is regulated by the Department of Health Services, Chapter DHS 172: Safety, Maintenance and Operation of Public Pools and Water Attractions

Staffing Requirements:

Physical Therapist to deliver physical therapy services, Physical Therapy Assistants also deliver physical therapy services under the supervision of a physical therapist.

Community Partners/Relationships

Referral for Physical Therapy are received from physicians.

Hours/Days of Service:

Monday: 6:30 am – 6:00 pm

Tuesday: 7:30 am – 7:00 pm

Wednesday: 6:30 am – 6:00 pm

Thursday: 7:30 am – 6:00 pm

Friday: 6:30 am – 4:00 pm

Saturday: 9:00 am – 12:00 pm

Schedules are posted and available online for various activities at certain days/times including Fitt Classes, Community/Family Fitt, Lap Swim, Arthritis Class, Supervised Activities and Physical Therapy Appointments.



Program: Demand Transportation

Description:

The Marathon County Transportation Program offers transportation for Marathon County residents who are 60 years of age and older, or individuals of any age who are non-ambulatory (unable to walk). Transportation is for medical, employment, or nutritional needs (including grocery shopping) only. Co-payments vary depending on distance. A personal care attendant or service animal may accompany a rider at no additional charge.

The Marathon County Transportation Program also coordinates volunteer drivers for the Disabled American Veterans (DAV) van, to transport veterans to Tomah, Madison on an on-call basis. Rides are at no charge and veterans using this service are ineligible for VA travel reimbursement.

Population Served:

Marathon County Transportation serves Marathon County residents of any age who are non-ambulatory, or any individual ages 60 and over.

The DAV Van program serves Marathon County and surrounding counties and also coordinates with DAV Van Services in Portage and Wood County, for riders who can make it to a meeting point in those Counties.

Regulations:

85.21 WI DOT requirements

Staffing Requirements:

Supervisor
Drivers
Clerical
Volunteer Drivers

Community Partners/Relationships:

Clinics, nursing homes, Veteran's Administration (VA), Aging and Disability Resource Center (ADRC), CPZ, hospitals, discharge planners

Hours/Days of Service:

Service Hours: Monday – Friday, 8:00 am – 4:30 pm
Office Hours: Monday through Friday, 7:00 am – 5:00 pm

**Program: Mount View Care Center Post Acute Care:
Short-Term Rehabilitation at Southshore**

Description:

Mount View Care Center offers post acute care for short term rehabilitation in Southshore, a 23-bed skilled nursing community. Southshore specializes in complex physical problems associated with aging and operates as a transitional unit for short-term rehabilitation and convalescent stays.

The most extensive rehabilitative care opportunities available in Central Wisconsin are provided, even for the most medically complex situations – all delivered on-site. Numerous rehabilitation techniques, from warm water physical therapy to complex respiratory care only found at Mount View Care Center, give our teams the ability to uniquely approach each resident’s recovery.

With years of teamwork and experience, the care provided is disciplined, effective and tailored to each individual’s recovery and includes:

- Comprehensive Physical, Occupational, Speech & Respiratory Therapies
- Aquatic Physical Therapy at our on-site Aquatic Center
- Music Therapy
- Dietitian and Nutritionist providing individualized nutritional counseling and education
- Social Services and Transition Care Teams to coordinate a smooth, comfortable discharge
- In-house Pharmacy
- On-site diagnostic and medical labs for both X-ray and EKG

Mount View Care Center is experienced with a wide variety of complex medical care needs, and has dedicated staffing and resources in place 24/7. Uniquely trained, our dedicated, interdisciplinary team includes:

- Certified Wound Care Nurses
- Nurse Practitioners
- Ventilator Dependent Care Specialists
- Medical Director

Complex medical care capabilities include:

- Wound Management
- Feeding Tubes
- Tracheotomy Care
- Central Lines
- Complex Respiratory Care
- Sleep Disorders
- Pain Management

Population Served:

Southshore serves adults of all ages with complex physical problems associated with aging and operates as a transitional unit for short-term rehabilitation and convalescent stays.

Regulations:

State of Wisconsin Dept. Of Health Services - DHS 132
Center for Medicare/Medicaid Services - Conditions of Participation
Federal Regulations for Skilled Nursing Facilities

Staffing Requirements:

Administrator, D.O.N. Nurse managers, Rn's, LPN's, CNA's Physical Therapist, Occupational Therapist, Speech Therapist, Respiratory Therapist, Dietitians, Social Service, Pharmacist, Physicians, Food Service Director, Activities Director.

Community Partners/Relationships:

Aspirus Hospital, St. Claire Hospital, Affiliation agreement with Aspirus.

Hours/Days of Service:

24 hours/day, 7 days/week, 365 days/year



**Program: Mount View Care Center Post Acute Care:
Ventilator Dependent Care at Northwinds**

Description:

Northwinds is a 27-bed unit within the Post Acute Care area that specializes in care for adults with a ventilator dependency. Northwinds focuses on ventilator dependent rehabilitation, recovery and liberation. Northwinds is 1 of only 4 care facilities in Wisconsin with approved dedicated units for the care of ventilator-dependent residents. Our highly trained team help residents adjust to ventilator-dependent lifestyles.

- Our team helps residents develop and reach rehabilitation goals including ventilator management and weaning
- Certified Nursing Assistants are Vent-Tech Certified and specially trained to provide ventilator-dependent care
- Mobility is very important in recovery, and Northwinds is structured to provide as much privacy or sociability as desired. Residents are able to explore the campus and community using portable ventilator systems
- Flexible, individualized therapy options
- Active Activities Calendar
- Music Therapy
- Dietitian and Nutritionist providing individualized nutritional counseling and education
- Social Services and Transition Care Teams to coordinate a smooth, comfortable welcome and discharge

Mount View Care Center is experienced with a wide variety of complex medical care needs. Uniquely trained, our dedicated, interdisciplinary team at Northwinds includes:

- Ventilator Dependent Care Specialists
- Certified Wound Care Nurses
- Nurse Practitioners
- Medical Director

Our complex medical care capabilities include:

- Wound Management
- Feeding Tubes
- Tracheotomy Care
- Intravenous Medication & Treatment
- Complex Respiratory Care
- Ventilator Dependent Care and Weaning
- Sleep Disorders
- Pain Management
- On-site diagnostic and medical labs for both X-ray and EKG.

Our team provides 24/7 on-site respiratory therapy and nursing services with reliable, personal care for each individual.

Population Served:

Northwinds serves adults of all ages with ventilator dependency needs.



Regulations:

State of Wisconsin Dept. Of Health Services - DHS 132
Center for Medicare/Medicaid Services - Conditions of Participation
Federal Regulations for Skilled Nursing Facilities

Staffing Requirements:

Administrator, D.O.N. Nurse managers, Rn's, LPN's, CNA's Physical Therapist, Occupational Therapist, Speech Therapist, Respiratory Therapist, Dietitians, Social Service, Pharmacist, Physicians, Food Service Director, Activities Director.

Community Partners/Relationships:

Aspirus Hospital, St. Claire Hospital
Primary referral source: Select Specialty Madison WI and Life Care Hospital Pewaukee, WI.

Hours/Days of Service:

24 hours/day, 7 days/week, 365 days/year



Program: Mount View Care Center: Reflections Long Term Care

Description:

Mount View Care Center's Reflections Long Term Care, is comprised of two units, Northern and Southern Reflections, totaling 83 licensed beds. 24-hour skilled nursing services are uniquely adapted to helping residents, assisting with the tasks of daily living, physical therapy, transitioning to dementia care, comfort/hospice care, or the management of a chronic illness. Each individual care plan is structured around the resident's life pattern.

We help everyone enjoy a quality life by providing the skilled nursing, therapy and rehabilitation that are needed to stay active and involved with community and family. Services provided include:

- Comprehensive Physical, Occupational, Speech & Respiratory Therapies
- Aquatic Physical Therapy and On-site Aquatic Center
- Aromatherapy
- Board-Certified Music Therapy
- Dietitian and Nutritionist
- Transportation for appointments
- On-site diagnostic labs for X-ray and EKG

As everyone's needs and interests change, so will the care we provide — ensuring residents can make the most of every moment. We focus on individual needs and the importance of making connections with our community – because life happens outside our walls, too. A broad spectrum of programs are continually available to peak interests and discover new talents.

- Visual arts and crafts
- Intergenerational programs
- Community outings such as sporting events, seasonal ventures, museum visits & fishing
- Recreation, games and hobby groups
- Spiritual growth with regular worship services
- Dances and social events
- Seasonal festivities and holiday celebrations
- Library, movie, activity & relaxation lounges

Population Served:

Reflections Long Term Care provides services to adults of all ages in need of skilled nursing care for assistance with daily living, physical therapy, transitioning to dementia care, comfort/hospice care or for management of a chronic illness.

Regulations:

State of Wisconsin Dept. Of Health Services - DHS 132

Center for Medicare/Medicaid Services - Conditions of Participation

Federal Regulations for Skilled Nursing Facilities

Staffing Requirements:

Administrator, D.O.N. Nurse managers, Rn's, LPN's, CNA's Physical Therapist, Occupational Therapist, Speech Therapist, Respiratory Therapist, Dietitians, Social Service, Pharmacist, Physicians, Food Service Director, Activities Director.

Community Partners/Relationships:

Aspirus Hospital, St. Claire Hospital,
Affiliation agreement with Aspirus.

Hours/Days of Service:

24 hours/day, 7 days/week, 365 days/year



Program: **Mount View Care Center:
Legacies by the Lake Dementia Care**

Description:

Mount View Care Center's innovative dementia care program, Legacies by the Lake, consists of three units, or 107 licensed beds. Units include Gardenside Crossing, Evergreen Place, and Lakeview Heights. These units specialize in caring for people in varying stages of dementia, neurological, psychiatric and behavior disabilities. Gardenside Crossing accommodates residents with moderate memory loss who need assistance with their daily routines. Lakeview Heights is designed specifically for residents with mild memory loss who still function somewhat independently. Evergreen Place cares for residents with severe memory loss and a high level of dependency.

Recognized by state and national organizations as a leader in dementia care innovation, our teams complement person-centered care with alternative methods to successfully reduce the use of medications while enhancing each resident's quality of life.

- Aromatherapy
- Board-Certified Music Therapy
- Pet Therapy
- Intergenerational programs

Legacies by the Lake focuses on providing frequent, individualized opportunities that maintain the highest levels of ability for those living with dementia. High staff to resident ratios allow us to take a personalized approach and stimulate abilities in a comforting, supportive manner.

Our teams take a comprehensive view of past and present leisure activities and use this knowledge to promote quality experiences through activities.

Population Served:

Legacies by the Lake Dementia Care specializes in caring for adults of all ages in varying stages of dementia, neurological, psychiatric and behavior disabilities.

Regulations:

State of Wisconsin Dept. Of Health Services - DHS 132
Center for Medicare/Medicaid Services - Conditions of Participation
Federal Regulations for Skilled Nursing Facilities

Staffing Requirements:

Administrator, D.O.N. Nurse managers, Rn's, LPN's, CNA's Physical Therapist, Occupational Therapist, Speech Therapist, Respiratory Therapist, Dietitians, Social Service, Pharmacist, Physicians, Food Service Director, Activities Director.

Community Partners/Relationships:

Aspirus Hospital, St. Claire Hospital, Affiliation agreement with Aspirus.

Hours/Days of Service:

24 hours/day, 7 days/week, 365 days/year





North Central Health Care 2014 Dashboards

North Central Health Care is accountable not only to our community but to all those we serve. We are accountable to outcomes and to each other. When we hold ourselves accountable and align our efforts to outcomes we achieve more with less energy. Accountability drives excellence in quality.

What is a Dashboard?

Each department within North Central Health Care is responsible for outcomes in the quality domains of:

- Clinical
- People
- Service
- Community
- Finance

Measurements and reporting tactics are in place to gather information that is reported on each department's dashboard. Employees may access the Dashboard electronically on a shared drive or on Department Communication Boards at any time. All departments are expected to have at least one process improvement effort (PDCA) in place at all times. North Central Health Care maintains dashboard measurements at departmental levels, as well as a dashboard for the entire organization, which is found on pages 45 - 46.

NCHC dashboard outcomes are discretionary, however when selecting outcomes, regulatory requirements are taken into consideration. The State of Wisconsin and Federal Government track outcomes of required programs to ensure quality standards are being met, however these are not a requirement to receive state and federal funding.





North Central Health Care

Person centered. Outcome focused.



DEPARTMENT: NORTH CENTRAL HEALTH CARE

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑	↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
				CLINICAL												
Psychiatric Hospital Readmission Rate	10-11%	↓		16.5%	8.3%	3.6%	11.8%	8.8%	8.2%	13.7%	10.5%	9.4%	10.5%	4.4%	11.1%	10.0%
Nursing Home Readmission Rate	7-8%	↓		2.9%	3.5%	5.1%	5.9%	3.6%	4.7%	2.6%	4.3%	2.2%	5.3%	4.2%	0.0%	3.7%
AODA Relapse Rate	13-15%	↓		0.0%	0.0%	14.6%	28.6%	0.0%	5.6%	7.7%	16.7%	27.4%	9.5%	11.8%	0.9%	10.8%
NCHC Adverse Event Rate	4.5-4.8	↓		3.7	4.6	3.1	4.0	4.3	3.4	4.1	3.5	4.7	5.0	4.0	5.2	4.1
PEOPLE																
Employee Turnover Rate	18-20%	↓		33.5%	25.3%	21.6%	20.5%	21.6%	23.5%	22.8%	24.1%	22.9%	24.5%	24.7%	25.5%	25.5%
Employee Adverse Event Rate	0.11- 0.13	↓		0.11	0.09	0.17	0.08	0.07	0.11	0.11	0.12	0.11	0.07	0.11	0.10	0.11
SERVICE																
Client/Patient/ Resident Satisfaction Percentile Rank	50 th -60 th	↑		\	\		60 th	54 th	52 nd	62 nd	72 nd	63 rd	61 st	32 nd	57 th	59 th
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑		\	\	86%	\	\	58%	\	\	63%	\	\	80%	71%
COMMUNITY																
Recidivism Rate for OWI	36-40%	↓		29.72%	27.50%	34.04%	31.25%	33.33%	23.68%	34.37%	48.00%	34.00%	31.90%	38.20%	12.00%	31.30%
Outpatient Appointment Wait Days	13-14 Days	↓		13.3	11.4	9.1	10.9	7.3	9.4	13.1	19.6	14.5	5.7	6.2	8.3	10.6
Community Treatment Employment Rate	13-14%	↑		13.2%	13.3%	14.4%	14.6%	14.5%	15.3%	15.5%	17.0%	16.5%	14.1%	19.0%	17.2%	15.4%
FINANCE																
Direct Expense/Gross Patient Revenue	51-56%	↓		57.9%	59.2%	58.2%	67.2%	60.7%	51.9%	60.7%	62.0%	61.1%	62.3%	56.7%	62.2%	59.7%
Days in Account Receivable	48-50 Days	↓		55	55	56	56	57	60	60	60	60	60	62	79	79
Days Cash on Hand	60-65 Days	↑		55	55	55	55	55	55	55	55	55	58	58	66	66
Monthly Net Patient Service Revenue	\$3,488,233- \$3,571,500	↑		\$3,458,260	\$3,088,346	\$3,385,630	\$3,064,421	\$3,031,598	\$3,365,656	\$3,068,697	\$3,246,154	\$3,089,639	\$3,221,091	\$3,285,003	\$3,543,085	3,252,435

KEY: ↑ Higher rates are positive

↓ Lower rates are positive



NCHC OUTCOME DEFINITIONS

CLINICAL	
Psychiatric Hospital Readmission Rate	Percent of patients who are readmitted within 30 days of discharge from the Inpatient Behavioral Health hospital.
Nursing Home Readmission Rate	Percent of Medicare residents admitted to the Nursing Home that are rehospitalized.
AODA Relapse Rate	Percent for patients admitted to Ambulatory Detoxification or the Behavioral Health hospital for detoxification then readmitted within 30 days of discharge for repeat detoxification.
NCHC Adverse Event Rate	Rate of client/patient/resident occurrences that are considered adverse events per 1000 patient days/visits. Adverse events are occurrences with a high potential for harm, injury or adverse outcome due to human error, process failure or environmental factors.
PEOPLE	
Employee Turnover Rate	Percent of employee terminations (voluntary and involuntary) of the total workforce. Monthly figures represent an annualized rate.
Employee Adverse Event Rate	Rate of employee occurrences with a high potential of harm, injury or adverse outcome due to human error, process failure or environmental factors per 1000 hours worked.
SERVICE	
Client/Patient/Resident Satisfaction Percentile Rank	Comparison rate (to other organizations in the Health Stream database) of the percent of level 9 and 10 responses to the Overall rating question on the survey.
Community Partner Satisfaction Percent Good/Excellent	Percentage of "Good and Excellent" responses to the Overall Satisfaction question on the survey.
COMMUNITY	
Recidivism Rate for OWI	Percentage of AODA clients that have 2 or more OWI convictions.
Outpatient Appointment Wait Days	Number of days from client referral to 1st appointment offered.
Community Treatment Employment Rate	Percentage of Community Treatment clients that are competitively employed (in a position that is open to the general public).
FINANCE	
Direct Expense/Gross Patient Revenue	Percentage of total direct expense compared to gross revenue.
Days in Account Receivable	Average number of days for collection of accounts.
Days Cash on Hand	Number of days the organization can function on available cash.
Monthly Net Patient Service Revenue	Revenue that has been collected.





North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: BUSINESS OPERATIONS

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
CLINICAL															
PEOPLE															
Employee Engagement Partnership Mean	78.9 - 83.9	↑	-	-	-	-	-	-	-	-	-	-	-	70.8	70.8
Employee Injuries	1 - 2	↓	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE															
% Excellent Internal Customer Satisfaction Survey	75-80%	↑	-	-	84%	-	-	82%	-	-	87%	-	-	82%	84%
COMMUNITY															
FINANCE															
Expense Budget	\$808,879 - \$860,510	↓	\$ 54,237	\$ 82,121	\$61,427	\$60,397	\$54,890	\$56,272	\$ 50,396	\$ 55,480	\$ 44,971	\$ 68,453	\$ 48,585	\$ 66,423	\$703,652
Audit Results	2-4 A/E	↓	-	-	-	-	-	-	-	-	-	-	-	0	0
F/S Deadlines	By 3rd Tuesday of Next Month	↓	no - due 2/18, done 2/20	yes - due 3/18, done 3/18	yes - due 4/15, done 4/15	yes - due 5/20, done 5/20	yes - due 6/17, done 6/17	yes - due 7/15, done 7/15	yes - due 8/19, done 8/15	no - delayed due to TIER issues	no - delayed due to TIER issues	yes - due 11/18, done 11/18	yes - due 12/17, done 12/17	yes - due 1/23, done 1/23	8/9



QUALITY OUTCOME DASHBOARD

FISCAL YEAR: 2014

DEPARTMENT: DEMAND TRANSPORTATION

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
CLINICAL															
Double Occupancy per Trip	9-11/week	↑	10	21	22	9	11	13	6	8	7	7	6	4	10
PEOPLE															
Employee Engagement Partnership Mean	78.9-83.9	↑	\	\	\	\	\	\	\	\	\	\	\	70.8	70.8
Employee Injuries	1-2	↓	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE															
% Excellent Internal Customer Satisfaction Survey	75-80%	↑	\	\	86	\	\	71	\	\	60	\	\	88%	78%
% External Customer Survey	75-80%		\	\	89	\	\	90	\	\	90	\	\	88	89%
COMMUNITY															
Community Partner Satisfaction Percent Good/Excellent	50-75%	↑	\	\	\	\	\	100	\	\	\	\	\	100%	100%
FINANCE															
Direct Cost/Trip	\$24-\$27	↓	24	23	22	21	22	24	26	28	25	26	27	26	24



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: INFORMATION SERVICES

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			CLINICAL												
Clinical Documents Scanned within required # of Days once live with TIER	3-4 Days	↓	67% in 3-4 days, 26% in 1-2 days	16% in 3-4 days, 80% in 1-2 days	1% in 3-4 days, 99% in 1-2 days	2% in 3-4 days, 97% in 1-2 days	2% in 3-4 days, 97% in 1-2 days	7% in 3-4 days, 92% in 1-2 days	2% in 3-4 days, 98% in 1-2 days	2% in 3-4 days, 98% in 1-2 days	1% in 3-4 days, 98% in 1-2 days	1% in 3-4 days, 98% in 1-2 days	3% in 3-4 days, 94% in 1-2 days	3% in 3-4 days, 97% in 1-2 days	9% in 3-4 days, 89% in 1-2 days
PEOPLE															
Employee Engagement Partnership Mean	78.9 - 83.9	↑	\	\	\	\	\	\	\	\	\	\	\	\	70.8
Employee Injuries	1-2	↓	0	1	0	0	0	0	0	0	0	0	0	0	1
SERVICE															
% Excellent Internal Customer Satisfaction Survey	75-80%	↑	\	\	96%	\	\	92%	\	\	81%	\	\	\	90%
Processing of Report Requests IMS/Data Services (Tracking of requests for reports to when they are complete.)	3-4 Days	↓	100% in 1-2 days	99% in 1-2 days	100% in 1-2 days	100% in 1-2 days	99% in 1-2 days	100% in 1-2 days	100% in 1-2 days	100% in 1-2 days	100% in 1-2 days	100% in 1-2 days	1% in 3-4 days, 99% in 1-2 days	100% in 1-2 days	100% in 1-2 days
COMMUNITY															
FINANCE															
Expense Budget	\$2,305,867 - \$2,453,051	↓	206339	184119	185,526	208,031	188025	181236	205162	193059	188958	219845	204309	189581	2,354,190





North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: PATIENT ACCOUNTS and ENROLLMENT SERVICES

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
CLINICAL															
PEOPLE															
Employee Engagement Partnership Mean	78.9 -83.9	↑	\	\	\	\	\	\	\	\	\	\	\	70.8	70.8
Employee Injuries	1-2	↓	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE															
% Excellent Internal Customer Satisfaction Survey	75-80%	↑	\	\	94%	\	\	80%	\	\	94%	\	\	\	89%
COMMUNITY															
FINANCE															
Expense Budget	\$757,385-\$805,729	↓	62,172	57,478	66,595	63,903	60,253	57,142	57,090	58,974	56,138	64,998	61,814	59,755	\$726,311
Administrative write-offs decrease from 2013	69,500-73,180	↓	-1,038	1,316	6,970	11,713	3,184	15,464	1,350	22,775	0	34,496	14,777	12,539	\$111,007
Percent of claims over 90 days	8-10%	↓	13.8	14.97	12.8	11.8	9.7	13.3	25.9	34	44	33	34	34	21.33





North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: PURCHASING

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
CLINICAL															
PEOPLE															
Employee Engagement Partnership Mean	78.9 - 83.9	↑	/	/	/	/	/	/	/	/	/	/	/	70.8	70.8
Employee Injuries	1-2	↓	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE															
% Excellent Internal Customer Satisfaction Survey	75-80%	↑	/	/	95	/	/	100	/	/	100	/	/	94	98
Deliver all packages within the day they arrive.	85-95%	↑	100	100	100	100	100	100	100	100	100	99	96	92	98.91667
% of Accurate Paperwork	85-95%	↑	97	99	100	99	97	99	97	98	94	98	97	97.5	97.70833
COMMUNITY															
FINANCE															
Expense Budget	\$204889 - \$217968	↓	17,740	16,728	18,089	18,781	18,276	17,148	17,316	16,981	16,259	18,354	18,395	15,692	209,759





North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: CRISIS CBRF

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			CLINICAL												
PEOPLE															
Employee Engagement Partnership Mean	60.8 - 65.8	↑	\	\	\	\	\	\	\	\	\	\	\	61.2	61.2
Employee Injuries	1-2	↓	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE															
External Customer Satisfaction Percent 9/10 responses	45-50%	↑	\	\	\	\	\	53.3%	0.0%	0.0%	28.6%	0.0%	0.0%	0.0%	37.8%
COMMUNITY															
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	\	\	100%	\	\	75%	\	\	50%	\	\	100%	82%
FINANCE															
Direct Cost/Unit of Service	\$7-\$9	↓	\$5	\$6	\$5	\$9	\$9	\$3	\$4	\$6	\$4	\$4	\$6	\$5	\$5



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: CRISIS SERVICES

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
CLINICAL															
Hospitalization Diversion Rate	70-75%	↑	95%	96%	95%	94%	91%	94%	84%	80%	78%	82%	72%	81%	86.8%
PEOPLE															
Employee Engagement Partnership Mean	61.9 - 66.9	↑	\	\	\	\	\	\	\	\	\	\	\	72.2	72.2
Employee Injuries	1-2	↓	0	0	0	0	0	0	0	0	1	0	0	0	1
SERVICE															
External Customer Satisfaction Percent 9/10 responses	68-73%	↑	\	\	0.0%	\	\	0.0%	0.0%	0.0%	0.0%	0.0%	75%	100%	92.3%
COMMUNITY															
Community Outreach Efforts	2-4/month	↓	0	4	2	0	16	0	19	22	22	36	11	17	12 Ave./month
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	\	\	60%	\	\	72%	\	\	33%	\	\	68%	60%
FINANCE															
Direct Cost/Unit of Service	\$115-\$119	↓	\$127	\$249	\$111	\$2,950	\$804	\$85	\$425	\$569	\$709	\$290	\$204	\$302	\$234



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: INPATIENT BEHAVIORAL HEALTH

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating/2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			CLINICAL												
Hospital 30-Day Readmissions	10-11%	↓	16.5%	8.3%	3.6%	11.8%	8.8%	8.2%	13.7%	10.5%	9.4%	10.5%	4.4%	11.1%	10.0%
Adverse Event Rate (per 1000 patient days)	27-28	↓	12.7	2.6	17.1	13.3	36.4	36.2	56.2	9.9	14.5	24.2	19.2	12.8	21.3
PEOPLE															
Employee Engagement Partnership Mean	53.8 - 58.8	↑	\	\	\	\	\	\	\	\	\	\	\	62.2	62.2
Employee Injuries	9-10	↓	0	0	0	0	0	0	0	1	1	0	0	0	2
SERVICE															
External Customer Satisfaction Percent 9/10 responses	45-50%	↑	\	\	\	\	\	51.5%	40%	0.0%	0.0%	0.0%	0.0%	0.00%	52.5%
COMMUNITY															
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	\	\	25%	\	\	71%	\	\	25%	\	\	58%	46%
FINANCE															
Behavioral Health Direct Cost/Service	\$530-\$545	↓	\$556	\$534	\$505	\$682	\$545	\$593	\$773	\$664	\$639	\$840	\$568	\$838	\$642



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: LEGACIES BY THE LAKE

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			CLINICAL												
Percent Psychotropic Medications Reduced	10%-12%	↓	20%	5%	1%	3%	2%	0%	2%	3%	3%	1%	6%	0%	2.9%
Legacies Adverse Event Rate	7.7-9.2	↓	10.5	14.9	9.4	14.0	12.5	10.5	11.1	7.5	11.9	4.8	14.2	13.8	11.2
PEOPLE															
Employee Engagement Partnership Mean	72.9 - 77.9	↑	\	\	\	\	\	\	\	\	\	\	\	69.8	69.8
Employee Injuries	21-25	↓	3	1	0	2	0	0	1	0	1	0	1	1	10
SERVICE															
External Customer Satisfaction Percent 9/10 responses	75-80%	↑	\	\	90.0%	\	\	94.1%	100.0%	100%	100%	92.3%	100%	100%	95.2%
COMMUNITY															
Community Outreach Hours	86-99	↑	22.00	0.00	24.00	5.00	13.00	5.00	0.00	6.00	75.00	18.00	9.00	3.00	180.00
FINANCE															
Direct Cost/Unit of Service	\$160-\$169	↓	\$178	\$171	\$171	\$176	\$166	\$171	\$170	\$166	\$162	\$179	\$169	\$175	\$171



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: LEGACIES BY THE LAKE

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			CLINICAL												
Percent Psychotropic Medications Reduced	10%-12%	↓	20%	5%	1%	3%	2%	0%	2%	3%	3%	1%	6%	0%	2.9%
Legacies Adverse Event Rate	7.7-9.2	↓	10.5	14.9	9.4	14.0	12.5	10.5	11.1	7.5	11.9	4.8	14.2	13.8	11.2
PEOPLE															
Employee Engagement Partnership Mean	72.9 - 77.9	↑	\	\	\	\	\	\	\	\	\	\	\	69.8	69.8
Employee Injuries	21-25	↓	3	1	0	2	0	0	1	0	1	0	1	1	10
SERVICE															
External Customer Satisfaction Percent 9/10 responses	75-80%	↑	\	\	90.0%	\	\	94.1%	100.0%	100%	100%	92.3%	100%	100%	95.2%
COMMUNITY															
Community Outreach Hours	86-99	↑	22.00	0.00	24.00	5.00	13.00	5.00	0.00	6.00	75.00	18.00	9.00	3.00	180.00
FINANCE															
Direct Cost/Unit of Service	\$160-\$169	↓	\$178	\$171	\$171	\$176	\$166	\$171	\$170	\$166	\$162	\$179	\$169	\$175	\$171



QUALITY OUTCOME DASHBOARD

DEPARTMENT: LONG TERM CARE

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			CLINICAL												
Rehospitalization with in 30 days of admission	7-8%	↓	5.6%	11.8%	0.0%	18.2%	6.7%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	13.3%	6.3%
Resident Adverse Event Rate	12.8 - 13.8	↓	9.4	17.1	16.5	10.0	13.0	10.7	13.9	11.2	12.6	19.6	4.0	6.7	12.1
PEOPLE															
Employee Engagement Partnership Mean	58.3 - 63.3	↑	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	56.2
Employee Injuries	15-18	↓	1	1	0	0	0	0	0	0	0	0	1	1	4
SERVICE															
External Customer Satisfaction Percent 9/10 responses	75-80%	↑	↓	↓	53.3%	↓	↓	73.3%	66.7%	100%	80.0%	100.0%	33.30%	53.80%	67.3%
COMMUNITY															
Community Outreach Hours	85-95 hrs/year	↑	0.00	106.00	10.00	101.00	7.00	2.00	0.00	2.00	5.00	13.50	2.00	0.00	248.50
FINANCE															
Direct Cost/Unit of Service	\$160-\$169	↓	\$178	\$171	\$171	\$176	\$166	\$171	\$170	\$166	\$162	\$179	\$169	\$175	\$171



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: POST-ACUTE CARE

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
CLINICAL															
Rehospitalization with in 30 days of admission	7-8%	↓	3.0%	4.3%	9.1%	6.9%	3.8%	8.7%	4.5%	6.3%	3.0%	10.3%	3.3%	17.9%	5.6%
PEOPLE															
Employee Engagement Partnership Mean	70.3 - 75.3	↑	\	\	\	\	\	\	\	\	\	\	\	66.3	66.3
Employee Injuries	8-9	↓	0	1	2	1	2	0	0	1	0	0	0	1	8
SERVICE															
External Customer Satisfaction Percent 9/10 responses	75-80%	↑	\	\	68.8%	\	\	71.8%	75.0%	92.3%	91.7%	58.3%	50.0%	50.0%	70.5%
COMMUNITY															
Community Outreach Hours and Initiatives	142-152 Hrs/Yr.	↑	70.50	8.00	42.00	44.00	35.50	3.00	0.00	4.00	38.50	2.00	47.10	0.00	294.60
FINANCE															
Direct Cost/Unit of Service	\$160-\$169	↓	\$178	\$171	\$171	\$176	\$166	\$171	\$170	\$166	\$162	\$179	\$169	\$175	\$171



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: MOUNT VEIWE CARE CENTER OVERALL

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			CLINICAL												
Rehospitalization within 30 days of admission	7-8%	↓	2.9%	3.5%	5.1%	5.9%	3.6%	4.7%	2.6%	4.3%	2.2%	5.3%	4.2%	12.1%	4.8%
Resident Adverse Event Rate (per 1000 patient days)	12.0-13.0	↓	14.0	15.2	12.4	12.7	16.9	10.8	14.8	12.9	11.9	14.6	12.6	14.1	13.6
PEOPLE															
Employee Engagement Partnership Mean	70.5-75.5	↑	↖	↖	↖	↖	↖	↖	↖	↖	↖	↖	↖	65.2	65.2
Employee Injuries	44-52	↓	4	3	2	5	2	0	1	1	1	1	2	3	25
SERVICE															
External Customer Satisfaction Percent 9/10 responses	75-80%	↑	↖	↖	68.4%	↖	↖	77.1%	82.6%	94.7%	87.1%	76.9%	61.1%	53.8%	75.8%
COMMUNITY															
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	↖	↖	100%	↖	↖	100%	↖	↖	100%	↖	↖	100%	100%
Hours of Community Outreach		↑	92.50	114.00	79.00	160.00	59.50	14.00	0.00	17.00	115.50	31.00	0.00	0.00	682.50
FINANCE															
Direct Cost/Unit of Service	\$160-\$169	↓	\$178	\$171	\$171	\$176	\$166	\$171	\$170	\$166	\$162	\$179	\$169	\$175	\$171



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: ADULT DAY and PREVOCATIONAL SERVICES

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
CLINICAL															
Prevoc Wausau - Number of consumers obtaining community employment.	3-5	↑	0	0	1	1	0	0	2	1	0	0	0	0	5
ADS Wausau/Antigo - % Consumers functional outcomes met/exceeded	75-85%	↑	64%	66%	67%	64%	78%	66%	72%	84%	73%	79%	78%	76%	
PEOPLE															
Employee Engagement Partnership Mean	71.5-76.5	↑	\	\	\	\	\	\	\	\	\	\	\	64.4	64.4
Employee Injuries	10-13	↓	2	0	0	0	1	0	0	1	0	1	0	0	5
SERVICE															
External Customer Satisfaction Percent 9/10 responses	68-73%	↑	\	\	100%	\	100%	\	\	100%	92%	71.4	80%	100%	92%
COMMUNITY															
% Program Operation Hours Performing Community Service	20-25%	↑	20%	21%	20%	19%	24%	35%	36%	31%	39%	32%	31%	29%	27.25%
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	\	\	100%	\	\	80%	\	\	100%	\	\	100%	92%
FINANCE															
Direct Cost/Unit of Service	\$6-\$7.00	↓	\$8.00	\$8.00	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$7.00	\$6.00	\$7.00	\$9.00	\$9.00	\$7.00





North Central Health Care

Person centered. Outcome focused.

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: AQUATIC SERVICES

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			CLINICAL												
% of clients meeting treatment goals of 80-100% in 8-12 sessions.	75-85%	↑	90%	96%	86%	86%	87%	89%	90%	63%	97%	94%	92%	88%	88%
Employee Engagement Partnership Mean	77.7 - 82.7	↑	/	/	/	/	/	/	/	/	/	/	/	69.7	69.7
Employee Injuries	1-3	↓	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE															
External Customer Satisfaction Percent 9/10 responses	68 - 73%	↑	/	/	99%	/	/	97.6%	/	87.5	90.5%	97.8%	88.90%	90.20%	94.0%
COMMUNITY															
Community Service Hours per Month	9-12 Hrs	↑	10	11	9.5	9	15	10	12	12	15	15	16.5	13	14/month average
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	/	/	83%	/	/	86%	/	/	75%	/	/	100%	96%
FINANCE															
Direct Cost/Service	\$105-\$108	↓	\$127	\$96	\$120	\$124	\$96	\$93	\$101	\$206	\$82	\$89	\$131	\$128	\$110



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: BIRTH TO 3

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			CLINICAL												
% of parents indicating an increased understanding of their child's strengths, needs & abilities and an increased ability to help their child grow/develop.	90-95%	↑	\	\	94%	\	\	93%	\	\	93%	\	\	96%	94%
PEOPLE															
Employee Engagement Partnership Mean	74.7 - 79.7	↑	\	\	\	\	\	\	\	\	\	\	\	65.9	65.9
Employee Injuries	1-2	↓	1	0	0	0	0	0	0	0	0	1	0	0	2
SERVICE															
External Customer Satisfaction Percent 9/10 responses	68-73%	↑	\	\	98%	\	\	97%	\	\	94%	\	\	NR	82%
External B-3 Customer Satisfaction Percent: Excellent B-3 Dept Survey	75-80%		\	\	98%	\	\	94%	\	\	93%	\	\	98%	95%
COMMUNITY															
% of children who after receiving B-3 reach age expected levels and discharge early.	20-22%	↑	27.70%	15.00%	0.00%	22%	0%	13%	38%	29%	40%	44%	29%	29%	27%
			5 of 18	2 of 13	0 of 0	8 of 35	0 of 4	3 of 24	10 of 26	5 of 17	2 of 5	4 of 9	6 of 21	2 of 7	45 of 168
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	\	\	84%	\	\	82%	\	\	100%	\	\	93%	91%
FINANCE															
Direct Cost/Unit of Service	\$136-\$141	↓	\$144	\$126	\$115	\$167	\$165	\$200	\$181	163	132	219	221	164	\$166





QUALITY OUTCOME DASHBOARD

FISCAL YEAR: 2014

DEPARTMENT: CHILDREN'S WAIVERS and FAMILY SUPPORT

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			CLINICAL												
% of families who indicate they & Service coord share a common understanding of the strengths/needs & services which support identified outcomes.	70-75%	↑	(1 of 1) 100%	\	91%	\	\	89%	\	\	93%	\	\	\	91%
PEOPLE															
Employee Engagement Partnership Mean	74.7 - 79.7	↑	\	\	\	\	\	\	\	\	\	\	\	\	65.9
Employee Injuries	1-2	↓	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE															
External Customer Satisfaction Percent Excellent-CLTS Dept Survey		↑	\	\	91%	\	\	89%	\	\	93%	\	\	\	91%
External Customer Satisfaction Percent 9/10 responses	68-73%	↑	\	\	100%	\	\	95%	\	\	100%	\	\	0.00%	100%
COMMUNITY															
Develop one tool per quarter for parent tool kit which will support parent/child in transition form	4-6 Tools/Year	↑	0	0	0	0	0	0	3	1	1	1	0	0	6
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	\	\	81%	\	\	81%	\	\	100%	\	\	80%	82%
FINANCE															



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: COMMUNITY CORNER CLUBHOUSE

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	CLINICAL												YTD
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
50 % of Community Corner Clubhouse Members are working on SE/IE at least 15 hrs/wk <small>(Based on ADA-WOD)</small>	50-55% ↑	84%	68%	74%	81%	79%	90%	91%	87%	87%	91%	73%	91%	83%
PEOPLE														
Employee Engagement Partnership Mean	86.3 - 89.3 ↑	\	\	\	\	\	\	\	\	\	\	\	\	81.0
Employee Injuries	1-2 ↓	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE														
External Customer Satisfaction Percent 9/10 responses	68-73% ↑	\	\	53.0%	\	\	61%	90.0%	0.0%	0.0%	0.0%	0.0%	70.8	64.6%
COMMUNITY														
Community Outreach Efforts	2-4/month ↑	8	4	6	4	17	18	34	15	26	10	8	4	13 Average
Community Partner Satisfaction Percent Good/Excellent	75-80% ↑	\	\	67%	\	\	0%	\	\	67%	\	\	0%	71%
FINANCE														
Direct Cost/Unit of Service	\$44-\$47 ↓	\$47	\$66	\$59	\$85	\$98	\$85	\$46	\$59	\$60	\$64	\$65	\$77	\$65



North Central Health Care

Person centered. Outcome focused.

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: COMMUNITY CORNER CLUBHOUSE

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	CLINICAL												YTD
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
50% of Community Corner Clubhouse Members are working on SE/IE at least 15 hrs/wk <small>based on ADA-WOD</small>	50-55% ↑	84%	68%	74%	81%	79%	90%	91%	87%	87%	91%	73%	91%	83%
		PEOPLE												
Employee Engagement Partnership Mean	86.3 - 89.3 ↑	\	\	\	\	\	\	\	\	\	\	\	\	81.0
Employee Injuries	1-2 ↓	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE														
External Customer Satisfaction Percent 9/10 responses	68-73% ↑	\	\	53.0%	\	\	61%	90.0%	0.0%	0.0%	0.0%	0.0%	70.8	64.6%
COMMUNITY														
Community Outreach Efforts	2-4/month ↑	8	4	6	4	17	18	34	15	26	10	8	4	13 Average
Community Partner Satisfaction Percent Good/Excellent	75-80% ↑	\	\	67%	\	\	0%	\	\	67%	\	\	0%	71%
FINANCE														
Direct Cost/Unit of Service	\$44-\$47 ↓	\$47	\$66	\$59	\$85	\$98	\$85	\$46	\$59	\$60	\$64	\$65	\$77	\$65



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: COMMUNITY TREATMENT

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
CLINICAL															
% Consumers are Competitively Employed	13-16%	↑	13.16	13.3	14.4	14.55	14.5	15.3	15.5	17	16.5	14.1	19	17.2	15.4
PEOPLE															
Employee Engagement Partnership Mean	72.5-77.5	↑	/	/	/	/	/	/	/	/	/	/	/	65.7	65.7
Employee Injuries	3-5	↓	0	1	0	0	0	1	0	0	0	0	0	0	2
SERVICE															
External Customer Satisfaction Percent 9/10 responses	68-73%	↑	/	/	75.8%	/	/	61.2%	62.5%	53.2%	60.0%	35.7%	60.0%	67.7%	65.5%
COMMUNITY															
% of days hospitalized for AODA or psychiatric reasons	0.5-1.0%	↓	0.82	1.5	0.31	0.59	0.86	0.94	0.78	0.53	0.52	0.8	1.08	0.66	0.7825
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	/	/	100%	/	/	80%	/	/	83%	/	/	89%	87%
FINANCE															
Direct Cost/Unit of Service	\$60-\$63	↓	\$68	\$68	\$73	\$66	73	62	71	76	65	76	82	81	\$72



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: OUTPATIENT SERVICES

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			0.78%	0.99%	0.78%	1.52%	1.62%	1.72%	2.01%	1.55%	1.64%	0.92%	1.29%	1.74%	1.39%
CLINICAL															
Hospitalization Rate	1-2%	↓	0.78%	0.99%	0.78%	1.52%	1.62%	1.72%	2.01%	1.55%	1.64%	0.92%	1.29%	1.74%	1.39%
PEOPLE															
Employee Engagement Partnership Mean	74.6 - 79.6	↑	/	/	/	/	/	/	/	/	/	/	/	67.5	67.5
Employee Injuries*	1-2	↓	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE															
External Customer Satisfaction Percent 9/10 responses*	68-73%	↑	/	/	70.20%	/	/	65.40%	66.70%	33.30%	70.70%	65.90%	65.90%	61.50%	66.50%
COMMUNITY															
Access to Outpatient Services from referral to first offered appointment. *	13-14 Days	↓	11.4	11.4	9.1	10.9	7.3	9.4	13.1	19.6	14.5	5.7	6.2	8.3	10.6
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	/	/	71%	/	/	61.50%	/	/	42%	/	/	60%	57 % (28/49)
Recidivism Rate for OWI	36-40%	↓	29.72%	27.50%	34.04%	31.25%	33.33%	23.68%	34.37%	48.00%	34.00%	31.90%	38.20%	12.00%	31.30%
FINANCE															
Direct Cost/Unit of Service	\$100-\$104	↓	\$104	\$89	\$109	\$132	\$122	\$114	\$140	\$141	\$130	\$126	\$155	\$125	\$121



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: RESIDENTIAL SERVICES

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			CLINICAL												
% Consumers that mee/exceed functional outcomes.	80%-85%	↑	83	78	65	79	79	67	91	79	72	64	78	87	77.0%
PEOPLE															
Employee Engagement Partnership Mean	77.8-80.8	↑	\	\	\	\	\	\	\	\	\	\	\	67.6	67.6
Employee Injuries	14-16	↓	1	0	0	0	0	1	0	0	1	0	1	0	4
SERVICE															
External Customer Satisfaction Percent 9/10 responses	75% - 80%	↑	\	\	88	\	\	95	\	\	93	\	\	83	90
COMMUNITY															
Community Partner Satisfaction Percent Good/Excellent	75% - 80%	↑	\	\	100%	\	\	50%	\	\	0%	\	\	0	75%
Community Volunteer/Integration (Actual Hours/Year)	525-550	↑	83	114	160	185	120	162	151	120	102	76	94	88	1455
FINANCE															
Direct Cost/Unit of Service	\$121-\$126	↓	\$137	\$135	\$131	\$140	\$128	\$125	\$123	\$115	\$114	\$116	\$118	\$120	\$131



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: ADULT PROTECTIVE SERVICES

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
CLINICAL															
Adult Protective Placement Reviews will be completed 10 days prior to the due date	55-65%	↑	97%	71%	76%	78%	90%	62%	81%	61%	59%	54%	66%	93%	74%
PEOPLE															
Employee Engagement Partnership Mean	77.7 - 80.7	↑	\	\	\	\	\	\	\	\	\	\	\	69.8	69.8
Employee Injuries	1-2	↓	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE															
External Customer Satisfaction Percent 9/10 responses	68 -73%	↑	\	\	87%	\	\	90.9%	95.8%	89%	94.60%	86.40%	90%	85.70%	90%
COMMUNITY															
Community Partner Satisfaction Percent Good/Excellent	75-80%	↑	\	\	72%	\	-	72%	\	\	70%	\	\	80%	73%
FINANCE															
Direct Cost/Investigation	\$789-\$829	↓	\$811	\$471	\$725	\$801	\$786	\$614	\$853	\$508	\$562	\$801	\$855	\$1,108	\$715



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: COMMUNICATION & MARKETING

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
CLINICAL															
PEOPLE															
Employee Engagement Partnership Mean	79.1 - 82.1	↑	\	\	\	\	\	\	\	\	\	\	\	82.9	82.9
Employee Adverse Event Rate	0.11- 0.13	↓	0.11	0.09	0.17	0.08	0.07	0.11	0.11	0.12	0.11	0.07	0.11	0.10	0.11
SERVICE															
% Excellent on Internal Customer Satisfaction	75%-80%	↑	\	\	79%	\	\	86%	\	\	76%	\	\	81%	81%
COMMUNITY															
FINANCE															
Outpatient Mental Health Revenue Growth	1,145,000-1,175,000	↑	\$95,276	\$96,639	\$103,471	\$92,079	\$86,700	\$85,694	\$79,775	\$68,434	\$356,546	-\$192,446	\$76,919	\$77,779	\$1,026,866
Post-Acute Care Revenue Growth	6,799,000-6,969,000	↑	\$455,239	\$399,146	\$473,140	\$508,734	\$491,974	\$559,270	\$517,471	\$584,243	\$1,179,715	-\$740,461	\$420,645	\$488,574	\$5,337,690



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: COUNTY CITY IT

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
CLINICAL															
PEOPLE															
SERVICE															
% Excellent on NCHC Internal Customer Satisfaction	70-75%	↑	\	\	41%	\	\	39%	\	\	64%	\	\	65%	52%
COMMUNITY															
FINANCE															
IT utilization- partnership %	38-40%		40.77%	44.35%	49.76%	38.73%	32.27%	32.25%	38.31%	37.34%	41.64%	39.15%	42.96%	42.83%	40.03%





North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: ENVIRONMENTAL SERVICES

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Environmental Safety (Adverse Events Related to Environment)	10-15 per year	↕	1	0	0	0	0	0	0	1	0	2	1	0	5
PEOPLE															
Employee Engagement Partnership Mean	77.2-81.1	↑	\	\	\	\	\	\	\	\	\	\	\	85.1	85.1
Employee Injuries	8-9	↕	0	0	1	0	0	0	0	0	0	0	0	0	1
SERVICE															
% Excellent Internal Customer Satisfaction Survey	70-75%	↑	\	\	93%	\	\	91%	\	\	93%	\	\	95%	93%
External Customer Satisfaction Percent 9/10 responses	53.7-57.7	↑	\	\	51.2%	\	\	60.5%	\	\	52.7%	\	\	58.9%	62.5%
COMMUNITY															
FINANCE															
Expense Budget Management (5% Under/5% Above)	\$3253486 - \$3461156	↕	\$274,773	\$261,714	\$285,152	\$298,851	\$251,212	\$260,588	\$232,285	\$234,213	\$222,501	\$263,121	\$238,835	\$274,671	\$3,097,916
	\$292,530		\$288,429												



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: HUMAN RESOURCES

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			0.11	0.09	0.17	0.08	0.07	0.11	0.12	0.11	0.07	0.11	0.10	0.11	0.10
CLINICAL															
Employee Adverse Events/1000 hours worked	0.11-0.12	↓	0.11	0.09	0.17	0.08	0.07	0.11	0.11	0.12	0.11	0.07	0.11	0.10	0.11
PEOPLE															
Employee Engagement Partnership Mean	79.1 - 82.1	↑	\	\	\	\	\	\	\	\	\	\	\	82.9	82.9
Employee Injuries	1-2	↓	0	0	0	0	0	0	0	0	0	0	0	0	0
Employee Turnover Rate Annualized	18-20%	↓	33.50%	25.26%	21.63%	20.51%	21.59%	23.5%	22.8%	24.1%	22.9%	24.5%	24.7%	25.5%	25.5%
SERVICE															
% Excellent Internal Customer Satisfaction Suvey	75-80%	↑	\	\	4%	\	\	55%	\	\	70%	\	\	85%	41%
COMMUNITY															
FINANCE															
Expense Budget	\$633415-\$673846	↓	\$58,176	\$47,771	\$85,024	\$54,141	\$37,517	\$71,820	\$64,908	\$81,025	\$48,579	\$51,734	\$46,895	\$91,328	\$738,918





North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: NUTRITIONAL SERVICES

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			96.0%	94.0%	93.0%	94.0%	91.0%	92.5%	90.2%	92.3%	94.0%	93.0%	95.0%	94.1%	93.0%
CLINICAL															
Diet Order Accuracy	90-95%	↑													
PEOPLE															
Employee Engagement Partnership Mean	69.9-74.9	↑	\	\	\	\	\	\	\	\	\	\	\	73.2	73.2
Employee Injuries	9-10	↓	0	0	0	0	1	1	0	0	0	0	0	1	3
SERVICE															
External Customer Satisfaction Percent 9/10 responses	39.9- 44.3	↑	\	\	48.9%	\	\	49.2%	\	\	43.7%	\	\	16.7%	44.4%
COMMUNITY															
Social Accountability: Community Based Education	2-3 Events/Yr	↑	\	\	1 events	\	\	\	\	\	\	\	\	\	2
FINANCE															
Direct Expense Budget	\$2568338-\$2732275	↓	\$241,839	\$213,851	\$227,539	\$227,573	\$241,290	\$220,696	\$222,346	\$231,679	\$208,859	\$241,727	\$212,210	\$234,560	\$2,724,169
monthly target: \$214,028- \$227,690															



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: PHARMACY

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
CLINICAL															
Medication Error Rate After Dispensing	0.1125% - 0.15%	↓	0.10%	0.02%	0.176	0.28%	0.19%	0.06%	0.06%	0.05%	0.08	0.03	0	0.07	0.09%
PEOPLE															
Employee Engagement Partnership Mean	69.5-74.5	↑	\	\	\	\	\	\	\	\	\	\	\	68.2	68.2
Employee Injuries	1-2	↓	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE															
% Excellent Internal Customer Satisfaction Survey	70-75%	↑	\	\	88%	\	\	71%	\	\	83%	\	\	64%	77%
COMMUNITY															
Community Outreach Hours per Year	21-30	↑	0	0	31	0	0	0	30	5	0	4	0	0	70
FINANCE															
Net Revenue to Direct Expense	\$1.17-\$1.22	↑	\$1.24	\$1.05	\$1.35	\$1.04	\$0.97	\$0.86	\$0.63	\$0.78	\$0.66	\$0.83	\$4.31	\$41.12	\$1.15



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: QUALITY SERVICES

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
CLINICAL															
NCHC Adverse Event Rate	4.5 - 4.8	↓	3.7	4.6	3.1	4.0	4.3	3.4	4.1	3.5	4.7	5.0	4.0	5.2	4.1
PEOPLE															
NCHC Overall Employee Engagement Partnership Mean	79.1 - 82.1	↑	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	↓	69.8
Employee Adverse Events	0.11-0.13	↓	0.11	0.09	0.17	0.08	0.07	0.11	0.11	0.12	0.13	0.07	0.11	0.10	0.11
SERVICE															
% Excellent Internal Customer Satisfaction Survey	75-80%	↑	↓	↓	76%	↓	↓	78%	↓	↓	74%	↓	↓	73%	75%
COMMUNITY															
FINANCE															
Expense Budget	\$907878- \$965828	↓	\$42,749	\$58,701	\$82,996	\$72,697	\$71,274	\$63,920	\$71,667	\$58,116	\$55,737	\$86,549	\$83,595	\$65,660	\$813,661



North Central Health Care

Person centered. Outcome focused.



QUALITY OUTCOME DASHBOARD

DEPARTMENT: VOLUNTEER SERVICES

FISCAL YEAR: 2014

PRIMARY OUTCOME GOAL	TARGET (Rating 2)	↑ ↓	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
			CLINICAL												
PEOPLE															
Employee Engagement Partnership Mean	79.1 -82.1	↑	\	\	\	\	\	\	\	\	\	\	\	\	82.9
Employee Injuries	1-2	↓	0	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE															
% Excellent Internal Customer Satisfaction Survey	70-75%	↑	\	\	92%	\	\	93%	\	\	100%	\	\	100%	96%
COMMUNITY															
Outreach Hours	86		11	14	14	14	18	7	8	7	8	8	7	10	126
FINANCE															
Expense Budget	\$90822-\$96619		\$7,675	\$7,162	\$8,151	\$8,980	\$8,050	\$7,963	\$7,334	\$7,449	\$6,967	\$8,369	\$7,793	\$7,628	\$93,521





North Central Health Care 2014 Financial Summaries

North Central Health Care (NCHC) financial reporting uses the accrual basis of accounting. Under the accrual basis of accounting, revenues are reported when they are earned. Expenses are matched with the related revenues and are reported when the expense occurs. The preparation of financial statements is in conformity with Generally Accepted Accounting Principles (GAAP), which are the standard framework of guidelines for financial accounting. NCHC applies applicable standards issued by the Governmental Accounting Standard Board (GASB). GASB is the source of Generally Accepted Accounting Principles (GAAP) used by state and local governments in the United States. NCHC has a financial audit done each year by an independent accounting firm, who does an extensive review of the financial activity and financial information. The audit firm then prepares and certifies an annual audit report, which meets Medicare and Medicaid requirements. The annual audit is provided to many stakeholders, including the NCHC Board, Finance Directors of each of the three sponsoring counties, and the Medicare and Medicaid programs.

The information on the following financial summaries is audited information. The actual revenues and expenses on these reports tie back to the annual audit, and provide a way to review the revenue and expenses in detail in different formats. A description of each of these reports is provided below.

Financial Summaries Report Descriptions

2014 Review of Budget by County (page 82):

The report is included in the 2014 budget, approved by the NCHC Board. This report summarizes the overall budget by each county, and also by the Human Services Program and the Nursing Home. The report summarizes revenue and expense by each county. The expenses are categorized into Direct Services and Shared Services. Direct Services are those programs that are set up, provided and are specific for each county. Shared Services are those programs that are shared by the counties. This means that each county has access to the program, and each county contributes financially to these programs. The Three County Agreement discusses the shared serviced and identifies how the revenue and expense for these programs are allocated to each county. Another item to note in this report is the County Appropriation contributed by each county. County appropriations contributed by each county provide funding for services specific to their county. Each year, each county identifies the amount of funding that will be provided. Once this amount is established and approved by each county, the amount does not change. (Unless there is something specific identified by the county) If year end results are positive, the gain for the appropriate county is added to that county's fund balance. If the results are not positive for a county, the fund balance for that county is utilized to recover the balance needed. Funds are not intermingled between counties. NCHC's budget each year is budget neutral, meaning that revenue and expenses are equal.

2014 Fund Balance Computation (page 83):

This report represents the actual activity from 2014 in the same format as the previous report, which shows the budget. This report identifies the year end results by each county's Human Service Program and the Nursing Home. The bolded line indicating Excess Revenue (Expenses) is the gain or loss for each county and the nursing home. This amount is included (added to or reduced) from the fund balances for each county and the nursing home. This report is audited. The detail of the fund balances, which indicates these amounts, is included in the audit report on page 37.



2014 Overview of Actual Revenues and Expenses (page 84):

This report has the same information as in the prior report, but takes that information and breaks it down into more detail. The revenue and expenses for the direct service programs for each county are identified by county. The revenue and expenses included in the shared services are also identified by each program. Again, the shared services are allocated to each county based on allocation methods identified in the Three County Agreement. The revenue and expenses for shared services allocated to each county is provided in later reports. The bolded bottom line of this report shows the total NCHC revenues for 2014 (\$57,159,317), the total expenses for 2014 (\$56,520,849) and the overall 2014 gain for NCHC (\$638,468). This information is included in the audit report on page 49. (Note: The total revenue of \$57,159,317 is the total from the amounts on page 49 of the audit from the line of total revenue (\$57,074,146) plus the amount from the line total non operating income (\$85,171)). (Note: The amount indicated as Counties Appropriations on page 49 of the audit is \$261,200 more than the operational amount provided by the counties. This amount represents In-Kind amounts included in revenues for utilities and rent provided in Langlade County and rent for three group homes in Marathon County. The \$261,200 is included in the Other Revenue column on the Other Funding report included in this report).

2014 Net Patient Service Revenue by Payer, Funding by Grant Detail, and Other Funding Detail (pages 85 – 87):

These three reports show in more detail the revenue from the three revenue columns in the prior report labeled 2014 Overview of Actual Revenue and Expenses. The reports indicate the detail of the sources of revenue for each program in the direct services by county and the shared services. Brief definitions for each revenue source indicated are provided below.

Self-Pay: Funding received from the patient.

Medicare: Medicare is a federal governmental program, providing funding for the elderly and qualified disabilities.

Medicaid: Medicaid is a state governmental program, providing funding for those with lower income. Medicaid may include card service and also managed care, such as Family Care.

Insurance: Funding from commercial insurance.

WIMCR (WI Medicaid Cost Reporting): Additional Medicaid funding available for specific programs intended to offset some of the Medicaid deficits in governmental organizations. This funding is available for certified programs in governmental organizations.

Supplemental Payment: Additional funding available for nursing homes intended to offset some of the Medicaid deficit. This funding is only available to governmental nursing homes.

AODA Block Grant (Alcohol and Other Drug Abuse): Funding used for alcohol and substance abusers, prevention and intervention programs, and programs and services for women and youth; 20% of funds must be used for prevention programming and at least 10% must be expended on programs and services designed for women. It is also known as SAPTG (Substance Abuse Prevention and Treatment Block Grant).

MH Block Grant (Mental Health Block Grant): Funding used in mental health priority program areas, which may include Community Support Programs, Supported Housing, Jail Diversion, Crisis Intervention, Family and Consumer Peer Support and Self-Help, Programs for Persons with Mental Illness and Substance Abuse Problems, and Community Mental Health Data Set Development.

IDP Funds (Intoxicated Driver Program): Funding used to cover costs resulting in unanticipated deficits in the county's IDP funding.

CST Expansion (Coordinated Service Teams): Funding used to expand mental health services to youth and families.

Certified MH Program (Certified Mental Health): Funding used for the purpose of match funds to federal financial participation for Medicaid-covered services provided by a program that is certified by the department under DHS 34, Subpart III (Crisis Intervention); DHS 36 (Comprehensive Community Services); or DHS 63 (Community Support Services).

85.21 Transportation Grant: Funding used to provide transportation to elderly and disabled residents of Marathon County.

Children's LTS (Children's Long Term Support): Funding used to provide a range of different services for children who are living at home or in the community and have substantial limitations in multiple daily activities as the result of developmental disabilities, severe emotional disturbances, and/or physical disabilities.

Family Support (Family Support for Families Who Have a Child with Severe Disabilities-FSP): Funding used for families of a child with severe disabilities to purchase goods or services not funded through other sources that will enable the child to reside with his/her parent(s), reduce stress in the family, and avoid out-of-home placement. This is limited to \$3,000 per family annually.

APS Grant (Adult Protective Services): Funding used for Adults-At-Risk (AAR) programming and Adult Protective Services (APS), encompassing core services such as response and reporting of alleged abuse, neglect, or exploitation; short term protective interventions, court-required reviews, and longer term case management if required by certain circumstances. Also includes Elder Abuse/Neglect Funding (EAN) which provides funding for direct services to victims of elder abuse, neglect, self-neglect, and/or financial exploitation through the provision of early intervention services for individuals being identified as being at risk.

Birth To Three Grant: Funding used for development administration and provision of early intervention services to eligible infants and toddlers with disabilities and their families.

OWI Surcharges (Operating While Intoxicated): Funding received for providing court-ordered assessments to OWI offenders.

COP (Community Option Program): Funding of last resort to conduct assessments, develop care plans, and to provide community-based services to individuals who otherwise would be at risk of institutional care.

IMD-OBRA (Institute for Mental Disease/Special Relocation Funds): Funding used to pay for the cost of community-based care and services to any person who has a mental illness and is 22 through 64 years of age at the time the person is relocated from an institution for mental disease (IMD) or a Medicaid-certified nursing facility (NF) in accordance with the requirements of s. 46.268 Stats.

DVR (Division of Vocational Rehabilitation): Funding used to coordinate supported employment services for individuals with mental illness.

Contracted Services: Funding provided through a contract. This could be a contract with an organization, another county, a provider, etc.

Other: Other sources of funding included in direct service programs related to their programs. This could include such items as donations, reimbursement for meals provided in programs such as Day Services, or other funding related to a specific program.

Allocated Revenue: Revenue received in overhead programs and allocated to revenue generating programs. This includes such items as medical record sales, rebates, purchasing discounts, cafeteria sales, interest income, etc.

Base County Allocation: This is also referred to as Community Aids. This is funding from the State as additional funding for programs providing services to those funded by Medicaid. This may be used as required Medicaid Match and/or to help offset Medicaid deficits.

County Appropriations (Tax Levy): Funding received directly from the sponsoring counties.

Most of the funding indicated above requires additional cost reporting to be done. Several cost reports and reconciliations are completed to meet reimbursement requirements. These reports are reviewed during the audit process.

2014 Expenses by Program and Unit of Service (page 88):

This report provides additional detail from the previous report, 2014 Overview of Actual Revenues and Expenses. Direct Expenses are those expenses directly relating to the direct service program. These expenses include salaries, benefits, and other expenses such as supplies, other client expenses, and staff travel and education. Allocated Indirect Expenses are the overhead expenses for the programs that support the direct service programs. This includes such programs as Administration, Finance, Billing, Information Technology, Housekeeping, Maintenance, Laundry, Food Service, etc. Expenses include salaries, benefits and other expenses related to the indirect program. Expenses in the indirect areas are allocated to direct areas based on Medicare approved statistical allocations.

Review of Services Marathon County, Nursing Home, Langlade County and Lincoln County (page 89 – 92):

These four reports expand on the information provided in the 2014 Fund Balance Computation report. The reports provide the revenue and expenses for the direct service programs in each county and also provide that county's portion of the shared services by program. The reports also indicate the budgeted revenue and expense by program so the actual activity can be seen compared to the budget. The year end results are also shown on these reports, which tie back to the 2014 Fund Balance Computation report, and are included in the audit report on page 37.

2015 Fund Balance Computation, 2015 Review of Services Marathon County, Nursing Home, Langlade County and Lincoln County (page 93 – 98):

These five reports are the same information as described above. These reports include the activity for January-June, 2015 to provide additional information as to how NCHC is doing financially so far in 2015.

**NORTH CENTRAL HEALTH CARE
Review of Budget by County
2014 Budget**

HUMAN SERVICES OPERATIONS

	MARATHON	LANGLADE	LINCOLN	TOTAL
PROGRAM REVENUE				
STATE ADDENDUMS	\$1,321,776	\$238,146	\$205,078	\$1,765,000
THIRD PARTY COLLECTIONS	\$14,062,013	\$2,074,728	\$1,387,452	\$17,524,193
TOTAL PROGRAM REVENUE	\$15,383,789	\$2,312,874	\$1,592,530	\$19,289,193
PROGRAM EXPENSES				
DIRECT SERVICES	\$12,776,459	\$2,253,490	\$1,854,803	\$16,884,752
SHARED SERVICES	\$10,975,986	\$1,239,793	\$1,250,967	\$13,466,746
TOTAL COST OF SERVICES	\$23,752,445	\$3,493,283	\$3,105,770	\$30,351,498
EXCESS REVENUE/(EXPENSES)	(\$8,368,656)	(\$1,180,409)	(\$1,513,240)	(\$11,062,305)
BASE COUNTY ALLOCATION	\$2,185,063	\$879,223	\$835,714	\$3,900,000
NON-OPERATING REVENUE	\$91,751	\$3,186	\$5,063	\$100,000
COUNTY APPROPRIATIONS	\$6,091,842	\$298,000	\$672,463	\$7,062,305
EXCESS REVENUE/(EXPENSES) AFTER COUNTY APPROPRIATION	\$0	\$0	\$0	\$0

NURSING HOME

PROGRAM REVENUE				
NURSING HOME REVENUE	\$19,987,157			\$19,987,157
NURSING HOME ANCILLARY REVENUE	\$6,488,700			\$6,488,700
TOTAL PROGRAM REVENUE	\$26,475,857			\$26,475,857
PROGRAM EXPENSES				
NURSING HOME EXPENSES	\$22,600,166			\$22,600,166
NURSING HOME ANCILLARY EXPENSE	\$5,575,691			\$5,575,691
TOTAL PROGRAM EXPENSES	\$28,175,857			\$28,175,857
EXCESS REVENUE/(EXPENSES)	(\$1,700,000)			(\$1,700,000)
COUNTY APPROPRIATION	\$1,700,000			\$1,700,000
EXCESS REVENUE/(EXPENSES) AFTER COUNTY APPROPRIATION	\$0			\$0

**NORTH CENTRAL HEALTH CARE
FUND BALANCE COMPUTATION
2014 Actual**

Human Services Operations

	MARATHON	LANGLADE	LINCOLN	TOTAL
PROGRAM REVENUE				
STATE ADDENDUMS	\$1,300,739	\$307,103	\$441,920	\$2,049,762
THIRD PARTY COLLECTIONS	\$14,440,121	\$2,061,309	\$1,450,983	\$17,952,413
TOTAL PROGRAM REVENUE	\$15,740,860	\$2,368,412	\$1,892,903	\$20,002,175
PROGRAM EXPENSES				
DIRECT SERVICES	\$10,723,301	\$2,036,342	\$1,647,343	\$14,406,986
SHARED SERVICES	\$11,677,479	\$1,254,954	\$1,470,045	\$14,402,478
TOTAL COST OF SERVICES	\$22,400,780	\$3,291,296	\$3,117,388	\$28,809,464
EXCESS REVENUE/(EXPENSES)	(\$6,659,920)	(\$922,884)	(\$1,224,485)	(\$8,807,289)
BASE COUNTY ALLOCATION	\$2,186,499	\$879,223	\$835,714	\$3,901,436
NON-OPERATING REVENUE	\$63,320	\$2,888	\$4,005	\$70,213
COUNTY APPROPRIATIONS	\$6,314,779	\$298,483	\$672,463	\$7,285,725
EXCESS REVENUE/(EXPENSES) AFTER COUNTY APPROPRIATION (Included in Year End Fund Balance)	\$1,904,678	\$257,710	\$287,697	\$2,450,085

NURSING HOME

PROGRAM REVENUE				
NURSING HOME REVENUE	\$18,150,297			\$18,150,297
NURSING HOME ANCILLARY REVENUE	\$6,049,472			\$6,049,472
TOTAL PROGRAM REVENUE	\$24,199,769			\$24,199,769
PROGRAM EXPENSES				
NURSING HOME EXPENSES	\$22,155,648			\$22,155,648
NURSING HOME ANCILLARY EXPENSE	\$5,555,738			\$5,555,738
TOTAL PROGRAM EXPENSES	\$27,711,386			\$27,711,386
EXCESS REVENUE/(EXPENSES)	(\$3,511,617)			(\$3,511,617)
COUNTY APPROPRIATION	\$1,700,000			\$1,700,000
EXCESS REVENUE/(EXPENSES) AFTER COUNTY APPROPRIATION (Included in Year End Fund Balance)	(\$1,811,617)			(\$1,811,617)

Overall North Central Health Care Gain/Loss By County:

	Marathon	Langlade	Lincoln	TOTAL
Overall Excess Revenue/(Expense)	\$93,061	\$257,710	\$287,697	\$638,468



**North Central Health Care
2014 Overview of Actual Revenue and Expenses**

	Revenue:				Expense:		
	Net Patient Service Rev	Grant Funding	Other Funding	Total Revenue	Direct Expenses	Allocated Indirect Exp	Total Expenses
Marathon County-Direct Services:							
Outpatient Services	\$471,874	\$314,628	\$1,295,250	\$2,081,752	\$919,026	\$760,749	\$1,679,775
Psychiatry Services	\$256,114	\$0	\$2,092,792	\$2,348,906	\$1,168,875	\$665,960	\$1,834,835
Community Treatment	\$1,900,582	\$184,516	\$1,734,025	\$3,819,123	\$3,107,200	\$680,787	\$3,787,987
Day Services	\$1,207,230	\$0	\$542,650	\$1,749,880	\$1,205,501	\$437,646	\$1,643,147
Clubhouse	\$223,105	\$0	\$239,320	\$462,425	\$357,533	\$81,597	\$439,130
Demand Transportation	\$32,232	\$309,072	\$48,280	\$389,585	\$332,429	\$57,156	\$389,585
Aquatic Services	\$528,688	\$0	\$135,376	\$664,064	\$443,827	\$232,159	\$675,986
Leased Space	\$0	\$0	\$283,872	\$283,872	\$199,535	\$73,321	\$272,856
AODA Residential			\$289,121	\$289,121			
Subtotals	\$4,619,825	\$808,216	\$6,660,686	\$12,088,728	\$7,733,926	\$2,989,375	\$10,723,301
Langlade County-Direct Services:							
Outpatient Services	\$321,034	\$60,168	\$334,417	\$715,619	\$341,577	\$255,718	\$597,295
Psychiatry Services	\$30,482	\$0	\$165,404	\$195,886	\$104,352	\$78,122	\$182,474
Community Treatment	\$213,957	\$63,956	\$347,019	\$624,932	\$322,506	\$241,441	\$563,947
Day Services	\$374,991	\$0	\$111,417	\$486,408	\$287,256	\$215,051	\$502,307
Children's Services	\$13,237	\$88,291	\$110,952	\$212,480	\$108,838	\$81,480	\$190,318
Subtotals	\$953,701	\$212,415	\$1,069,209	\$2,235,325	\$1,164,529	\$871,812	\$2,036,341
Lincoln County-Direct Services:							
Outpatient Services	\$262,365	\$82,357	\$348,258	\$692,980	\$386,813	\$211,734	\$598,547
Psychiatry Services	\$20,973	\$0	\$245,350	\$266,323	\$84,608	\$46,312	\$130,920
Community Treatment	\$267,776	\$64,720	\$384,873	\$717,369	\$394,533	\$215,960	\$610,493
Children's Services	\$8,241	\$141,370	\$91,234	\$240,845	\$198,648	\$108,735	\$307,383
Subtotals	\$559,355	\$288,447	\$1,069,715	\$1,917,517	\$1,064,602	\$582,741	\$1,647,343
Shared Services:							
Inpatient	\$3,502,078	\$0	\$1,643,022	\$5,145,100	\$3,278,933	\$1,685,903	\$4,964,836
CBRF	\$671,986	\$0	\$176,089	\$848,075	\$212,582	\$284,031	\$496,613
Crisis Services	\$114,918	\$2,696	\$1,022,596	\$1,140,210	\$850,950	\$226,612	\$1,077,562
Substance Abuse Day Treat.	\$10,418	\$0	\$132,308	\$142,726	\$47,661	\$50,254	\$97,915
Protective Services	\$252	\$225,445	\$307,252	\$532,949	\$431,258	\$75,744	\$507,002
Birth To Three	\$351,364	\$519,440	\$789,875	\$1,660,679	\$1,208,181	\$300,169	\$1,508,350
Residential	\$3,819,975	\$0	\$1,028,539	\$4,848,514	\$3,652,749	\$873,452	\$4,526,201
Contracted Services-(State Institutes)	\$0	\$0	\$699,725	\$699,725	\$1,156,737	\$67,262	\$1,223,999
Subtotals	\$8,470,991	\$747,581	\$5,799,406	\$15,017,978	\$10,839,051	\$3,563,427	\$14,402,478
Nursing Home Services:							
Long Term Care	\$5,235,317	\$0	\$889,287	\$6,124,604	\$3,763,192	\$2,937,220	\$6,700,412
Post Acute Care	\$5,342,762	\$0	\$69,522	\$5,412,284	\$4,439,703	\$2,207,355	\$6,647,058
Legacies-Dementia Care	\$7,305,681	\$0	\$1,007,727	\$8,313,408	\$5,304,489	\$3,503,689	\$8,808,178
Pharmacy	\$3,855,206	\$0	\$217,555	\$4,072,761	\$3,507,010	\$550,130	\$4,057,140
Ancillary	\$172,646	\$0	\$1,195	\$173,841	\$126,962	\$41,225	\$168,187
Rehab Services	\$1,797,269	\$0	\$5,602	\$1,802,871	\$1,096,462	\$233,949	\$1,330,411
Subtotals	\$23,708,881	\$0	\$2,190,888	\$25,899,769	\$18,237,818	\$9,473,568	\$27,711,386
Total NCHC	\$38,312,753	\$2,056,659	\$16,789,904	\$57,159,317	\$39,039,926	\$17,480,923	\$56,520,849
Excess Revenue/(Expense)							\$638,468



**North Central Health Care
2014 Net Patient Service Revenue By Payer**

	Self Pay	Medicare	Medicaid	Insurance	WIMCR	Supplemental Payment	Write-Offs	Total Patient Net Revenue
Marathon County- Direct Services:								
Outpatient Services	\$48,390	\$91,397	\$209,577	\$126,608	\$13,000		(\$17,098)	\$471,874
Psychiatry Services	\$4,313	\$98,714	\$85,327	\$72,614			(\$4,854)	\$256,114
Community Treatment	\$56,523		\$1,650,884	\$4,257	\$218,457		(\$29,539)	\$1,900,582
Day Services	\$27,414		\$1,181,363				(\$1,547)	\$1,207,230
Clubhouse	\$24,225		\$198,881				(\$1)	\$223,105
Demand Transportation	\$33,851						(\$1,619)	\$32,232
Aquatic Services	\$32,775	\$227,457	\$72,240	\$205,620			(\$9,404)	\$528,688
Leased Space								\$0
Subtotals	\$227,491	\$417,568	\$3,398,272	\$409,099	\$231,457		(\$64,062)	\$4,619,825
Langlade County- Direct Services:								
Outpatient Services	\$26,778	\$11,875	\$154,665	\$71,131	\$63,000		(\$6,415)	\$321,034
Psychiatry Services	\$2,626	\$15,003	\$10,171	\$3,832			(\$1,150)	\$30,482
Community Treatment	\$0		\$129,007	\$15,563	\$70,000		(\$613)	\$213,957
Day Services	\$3,245		\$371,955				(\$209)	\$374,991
Children's Services	\$8,412		\$4,825					\$13,237
Subtotals	\$41,061	\$26,878	\$670,623	\$90,526	\$133,000		(\$8,387)	\$953,701
Lincoln County- Direct Services:								
Outpatient Services	\$48,541	\$20,088	\$96,916	\$59,299	\$46,000		(\$8,479)	\$262,365
Psychiatry Services	\$2,442	\$8,853	\$6,711	\$3,272			(\$305)	\$20,973
Community Treatment	\$14,369		\$183,433		\$70,000		(\$26)	\$267,776
Children's Services	\$2,653		\$5,588					\$8,241
Subtotals	\$68,005	\$28,941	\$292,648	\$62,571	\$116,000		(\$8,810)	\$559,355
Shared Services:								
Inpatient	\$147,638	\$1,126,376	\$1,358,340	\$900,890			(\$31,166)	\$3,502,078
CBRF	\$11,402		\$631,527	\$34,805			(\$5,748)	\$671,986
Crisis Services	\$8,645		\$53,948	\$5,842	\$50,000		(\$3,517)	\$114,918
Substance Abuse Day Treat.	\$7,798				\$4,000		(\$1,380)	\$10,418
Protective Services	\$252							\$252
Birth To Three	\$29,555		\$217,265	\$110,574	\$2,000		(\$8,030)	\$351,364
Residential	\$278,455		\$3,541,520					\$3,819,975
Contracted Services								\$0
Subtotals	\$483,745	\$1,126,376	\$5,802,600	\$1,052,111	\$56,000		(\$49,841)	\$8,470,991
Nursing Home Services:								
Long Term Care	\$803,054	\$587,892	\$2,925,038	\$170,222		\$760,098	(\$10,987)	\$5,235,317
Post Acute Care	\$410,859	\$1,004,432	\$2,942,431	\$540,017		\$465,996	(\$20,973)	\$5,342,762
Legacies-Dementia Care	\$1,612,586	\$361,098	\$4,297,843	\$179,137		\$853,712	\$1,305	\$7,305,681
Pharmacy	\$83,636	\$3,204,765	\$346,562	\$220,243				\$3,855,206
Ancillary	\$20,769	\$64,641	\$63,358	\$25,817			(\$1,939)	\$172,646
Rehab Services	\$25,859	\$1,520,177	\$104,902	\$173,843			(\$27,512)	\$1,797,269
Subtotals	\$2,956,763	\$6,743,005	\$10,680,134	\$1,309,279	\$0	\$2,079,806	(\$60,106)	\$23,708,881
Totals	\$3,777,065	\$8,342,768	\$20,844,277	\$2,923,586	\$536,457	\$2,079,806	(\$191,206)	\$38,312,753



**North Central Health Care
2014 Funding by Grant**

	AODA Block Grant	MH Block Grant	IDP Funds	CST Expansion	Certified MH Progra	85.21 Grant	Children LTS	Family Support	APS Grant	Birth to Three Grant	Total Grant Funding
Marathon County- Direct Services:											
Outpatient Services	\$211,800	\$25,389	\$77,439								\$314,628
Psychiatry Services											\$0
Community Treatment		\$23,906		\$62,123	\$98,487						\$184,516
Day Services											\$0
Clubhouse											\$0
Demand Transportation						\$309,072					\$309,072
Aquatic Services											\$0
Leased Space											\$0
Subtotals	\$211,800	\$49,295	\$77,439	\$62,123	\$98,487	\$309,072	\$0	\$0	\$0	\$0	\$808,216
Langlade County- Direct Services:											
Outpatient Services	\$35,808	\$6,489	\$17,871								\$60,168
Psychiatry Services											\$0
Community Treatment		\$1,833		\$62,123							\$63,956
Day Services											\$0
Children's Services							\$64,734	\$23,557			\$88,291
Subtotals	\$35,808	\$8,322	\$17,871	\$62,123	\$0	\$0	\$64,734	\$23,557	\$0	\$0	\$212,415
Lincoln County- Direct Services:											
Outpatient Services	\$49,548	\$8,982	\$23,827								\$82,357
Psychiatry Services											\$0
Community Treatment		\$2,597		\$62,123							\$64,720
Children's Services							\$122,981	\$18,389			\$141,370
Subtotals	\$49,548	\$11,579	\$23,827	\$62,123	\$0	\$0	\$122,981	\$18,389	\$0	\$0	\$288,447
Shared Services:											
Inpatient											\$0
CBRF											\$0
Crisis Services		\$2,696									\$2,696
Substance Abuse Day Treat.											\$0
Protective Services								\$225,445			\$225,445
Birth To Three									\$519,440		\$519,440
Residential											\$0
Contracted Services											\$0
Subtotals	\$0	\$2,696	\$0	\$0	\$0	\$0	\$0	\$0	\$225,445	\$519,440	\$747,581
Nursing Home Services:											
Long Term Care											\$0
Post Acute Care											\$0
Legacies-Dementia Care											\$0
Pharmacy											\$0
Ancillary											\$0
Rehab Services											\$0
Subtotals	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Totals	\$297,156	\$71,892	\$119,137	\$186,369	\$98,487	\$309,072	\$187,715	\$41,946	\$225,445	\$519,440	\$2,056,659



**North Central Health Care
Other Funding**

	OWI Surcharges	COP	IMD- OBRA	DVR	Contract Services	Other	Allocated Revenue	Base County Allocation	County Appropriation	Total Other Funding
Marathon County- Direct Services:										
Outpatient Services	\$123,572				\$27,054	\$62,785	\$31,019	\$323,000	\$727,820	\$1,295,250
Psychiatry Services					\$45,630	\$10,219	\$5,669	\$229,000	\$1,802,274	\$2,092,792
Community Treatment Day Services		\$63,005	\$34,255	\$57,420	\$15,343	\$1,734	\$54,303	\$1,143,000	\$364,965	\$1,734,025
Clubhouse				\$36,131	\$19,885	\$156,716	\$30,208	\$299,710		\$542,650
Demand Transportation				\$10,770		\$6,052	\$7,498		\$215,000	\$239,320
Aquatic Services				\$650		\$45,899	\$1,731			\$48,280
Leased Space					\$4,552	\$117,939	\$12,885			\$135,376
AODA Residential						\$227,169			\$56,703	\$283,872
									\$289,121	\$289,121
Subtotals	\$123,572	\$63,005	\$34,255	\$104,971	\$112,464	\$628,513	\$143,313	\$1,994,710	\$3,455,883	\$6,660,686
Lanlade County- Direct Services:										
Outpatient Services	\$19,324					\$9,283	\$59,441	\$233,000	\$13,369	\$334,417
Psychiatry Services						(\$53)	\$18,160	\$139,000	\$8,297	\$165,404
Community Treatment Day Services		\$4,074		\$4,500		\$3,850	\$56,123	\$259,000	\$19,472	\$347,019
Children's Services				\$47,930	\$3,135	\$10,363	\$49,989			\$111,417
					\$350	\$0	\$18,940		\$91,662	\$110,952
Subtotals	\$19,324	\$4,074	\$0	\$52,430	\$3,485	\$23,443	\$202,653	\$631,000	\$132,800	\$1,069,209
Lincoln County- Direct Services:										
Outpatient Services	\$23,246				\$1,448	\$31,012	\$7,564	\$199,000	\$85,988	\$348,258
Psychiatry Services							\$1,654	\$129,000	\$114,696	\$245,350
Community Treatment Children's Services		\$24,851		\$3,600			\$7,715	\$229,000	\$119,707	\$384,873
							\$3,884		\$87,350	\$91,234
Subtotals	\$23,246	\$24,851	\$0	\$3,600	\$1,448	\$31,012	\$20,817	\$557,000	\$407,741	\$1,069,715
Shared Services:										
Inpatient CBRF						\$165,840	\$49,056	\$534,436	\$893,691	\$1,643,022
Crisis Services					\$69,902	\$6,148	\$13,353		\$162,736	\$176,089
Substance Abuse Day Treat.							\$4,702	\$224,000	\$717,844	\$1,022,596
Protective Services							\$1,589	\$60,000	\$70,719	\$132,308
Birth To Three							(\$588)		\$306,102	\$307,252
Residential		\$45,990			\$5,085	\$79,703	\$72,184	\$825,577	\$768,484	\$789,875
Contracted Services		\$130,000						\$200,000	\$369,725	\$699,725
Subtotals	\$0	\$175,990	\$0	\$0	\$74,987	\$251,103	\$164,013	\$1,844,013	\$3,289,301	\$5,799,406
Nursing Home Services:										
Long Term Care						(\$4,369)	\$93,656		\$800,000	\$889,287
Post Acute Care							\$69,522			\$69,522
Legacies-Dementia Care						(\$8,368)	\$116,095		\$900,000	\$1,007,727
Pharmacy					\$209,470	\$1,900	\$6,185			\$217,555
Ancillary							\$1,195			\$1,195
Rehab Services						(\$182)	\$5,784			\$5,602
Subtotals	\$0	\$0	\$0	\$0	\$209,470	(\$11,019)	\$292,437	\$0	\$1,700,000	\$2,190,888
Totals	\$166,142	\$267,920	\$34,255	\$161,001	\$401,854	\$923,052	\$823,233	\$5,026,723	\$8,985,725	\$16,789,904



**North Central Health Care
2014 Expenses by Program and Unit of Service**

Marathon County- Direct Services:	Direct Expenses	Allocated Indirect Exp	Total Expenses	2014 Units Provided	Type of Unit	Cost Per Unit:		
						Direct Expense	Indirect Expense	Total Cost
Outpatient Services	\$919,026	\$760,749	\$1,679,775	8,914	Hours	\$103.10	\$85.34	\$188.44
Psychiatry Services	\$1,168,875	\$665,960	\$1,834,835	6,696	Hours	\$174.56	\$99.46	\$274.02
Community Treatment	\$3,107,200	\$680,787	\$3,787,987	44,667	Hours	\$69.56	\$15.24	\$84.81
Day Services	\$1,205,501	\$437,646	\$1,643,147	164,127	Hours	\$7.34	\$2.67	\$10.01
Clubhouse	\$357,533	\$81,597	\$439,130	5,547	Hours	\$64.46	\$14.71	\$79.17
Demand Transportation	\$332,429	\$57,156	\$389,585	13,659	Trips	\$24.34	\$4.18	\$28.52
Aquatic Services	\$443,827	\$232,159	\$675,986	3,961	Hours	\$112.05	\$58.61	\$170.66
Leased Space	\$199,535	\$73,321	\$272,856					
	\$7,733,926	\$2,989,375	\$10,723,301					
Langlade County- Direct Services:								
Outpatient Services	\$341,577	\$255,718	\$597,295	4,194	Hours	\$81.44	\$60.97	\$142.42
Psychiatry Services	\$104,352	\$78,122	\$182,474	631	Hours	\$165.38	\$123.81	\$289.18
Community Treatment	\$322,506	\$241,441	\$563,947	3,625	Hours	\$88.97	\$66.60	\$155.57
Day Services	\$287,256	\$215,051	\$502,307	39,475	Hours	\$7.28	\$5.45	\$12.72
Children's Services	\$108,838	\$81,480	\$190,318	22	Children	\$4,947.18	\$3,703.64	\$8,650.82
	\$1,164,529	\$871,812	\$2,036,341					
Lincoln County- Direct Services:								
Outpatient Services	\$386,813	\$211,734	\$598,547	3,867	Hours	\$100.03	\$54.75	\$154.78
Psychiatry Services	\$84,608	\$46,312	\$130,920	544	Hours	\$155.53	\$85.13	\$240.66
Community Treatment	\$394,533	\$215,960	\$610,493	5,150	Hours	\$76.61	\$41.93	\$118.54
Children's Services	\$198,648	\$108,735	\$307,383	41	Children	\$4,845.07	\$2,652.07	\$7,497.15
	\$1,064,602	\$582,741	\$1,647,343					
Shared Services:								
Inpatient	\$3,278,933	\$1,685,903	\$4,964,836	5,115	Days	\$641.04	\$329.60	\$970.64
CBRF	\$212,582	\$284,031	\$496,613	41,845	Hours	\$5.08	\$6.79	\$11.87
Crisis Services	\$850,950	\$226,612	\$1,077,562	3,639	Hours	\$233.84	\$62.27	\$296.11
Substance Abuse Day Treat.	\$47,661	\$50,254	\$97,915	116	Days	\$410.87	\$433.22	\$844.09
Protective Services	\$431,258	\$75,744	\$507,002	604	Investigations	\$714.00	\$125.40	\$839.41
Birth To Three	\$1,208,181	\$300,169	\$1,508,350	715	Children	\$1,689.76	\$419.82	\$2,109.58
Residential	\$3,652,749	\$873,452	\$4,526,201	58,620	Days	\$62.31	\$14.90	\$77.21
Contracted Services- (State Institutes)	\$1,156,737	\$67,262	\$1,223,999					
	\$10,839,051	\$3,563,427	\$14,402,478					
Nursing Home Services:								
Long Term Care	\$3,763,192	\$2,937,220	\$6,700,412	25,911	Days	\$145.24	\$113.36	\$258.59
Post Acute Care	\$4,439,703	\$2,207,355	\$6,647,058	16,542	Days	\$268.39	\$133.44	\$401.83
Legacies-Dementia Care	\$5,304,489	\$3,503,689	\$8,808,178	36,327	Days	\$146.02	\$96.45	\$242.47
Pharmacy	\$3,507,010	\$550,130	\$4,057,140	62,582	Prescriptions	\$56.04	\$8.79	\$64.83
Ancillary	\$126,962	\$41,225	\$168,187					
Rehab Services	\$1,096,462	\$233,949	\$1,330,411					
	\$18,237,818	\$9,473,568	\$27,711,386					
Total NCHC Expenses	\$39,039,926	\$17,480,923	\$56,520,849					



**North Central Health Care
Review of 2014 Services
Marathon County**

	2014 Actual Rev	2014 Budget Rev	Variance	2014 Actual Exp	2014 Budget Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$967,612	\$1,121,597	(\$153,985)	\$1,679,775	\$2,264,168	\$584,393	\$430,408
Psychiatry Services	\$317,632	\$543,000	(\$225,368)	\$1,834,835	\$2,351,337	\$516,502	\$291,134
Community Treatment	\$2,311,158	\$2,676,300	(\$365,142)	\$3,787,987	\$4,184,265	\$396,278	\$31,136
Day Services	\$1,749,880	\$1,830,900	(\$81,020)	\$1,643,147	\$1,784,118	\$140,971	\$59,951
Clubhouse	\$247,425	\$227,034	\$20,391	\$439,130	\$442,034	\$2,904	\$23,295
Demand Transportation	\$389,585	\$423,238	(\$33,653)	\$389,585	\$423,238	\$33,653	\$0
Leased Space	\$227,169	\$247,000	(\$19,831)	\$272,856	\$303,703	\$30,847	\$11,016
Aquatic Services	\$664,064	\$661,475	\$2,589	\$675,986	\$661,475	(\$14,511)	(\$11,922)
AODA Residential	\$0	\$73,000	(\$73,000)	\$0	\$362,121	\$362,121	\$289,121
Total Direct Services	\$6,874,525	\$7,803,544	(\$929,019)	\$10,723,301	\$12,776,459	\$2,053,158	\$1,124,139
Shared Services:							
Inpatient	\$2,712,878	\$1,930,557	\$782,321	\$3,623,819	\$2,972,043	(\$651,776)	\$130,545
CBRF	\$500,297	\$307,330	\$192,967	\$362,527	\$426,127	\$63,600	\$256,567
Crisis Services	\$178,529	\$152,010	\$26,519	\$969,806	\$999,670	\$29,864	\$56,383
Substance Abuse Day Treat.	\$8,765	\$104,098	(\$95,333)	\$71,478	\$199,524	\$128,046	\$32,713
Protective Services	\$165,598	\$166,805	(\$1,207)	\$370,111	\$390,259	\$20,148	\$18,941
Birth To Three	\$688,718	\$599,260	\$89,458	\$1,164,350	\$1,181,462	\$17,112	\$106,570
Residential	\$4,519,250	\$4,234,985	\$284,265	\$4,221,869	\$4,300,272	\$78,403	\$362,668
Contracted Services	\$92,300	\$85,200	\$7,100	\$893,519	\$506,629	(\$386,890)	(\$379,790)
Total Shared Services	\$8,866,335	\$7,580,245	\$1,278,990	\$11,677,479	\$10,975,986	(\$701,493)	\$584,597
Totals	\$15,740,860	\$15,383,789	\$349,971	\$22,400,780	\$23,752,445	\$1,351,665	\$1,708,736
Base County Allocation	\$2,186,499	\$2,185,063	\$1,436				\$1,436
Nonoperating Revenue	\$63,320	\$91,751	(\$28,431)				(\$28,431)
County Appropriation	\$6,314,779	\$6,091,842	\$222,937				\$222,937
Excess Revenue/(Expense)	\$24,305,458	\$23,752,445	\$545,913	\$22,400,780	\$23,752,445	\$1,351,665	\$1,904,678

**North Central Health Care
Review of 2014 Services
Nursing Home**

Direct Services:	2014 Actual Rev	2014 Budget Rev	Variance	2014 Actual Exp	2014 Budget Exp	Variance	Variance by Program
Long Term Care	\$5,324,604	\$5,604,607	(\$280,003)	\$6,700,412	\$6,702,289	\$1,877	(\$278,126)
Legacies	\$7,413,408	\$7,077,000	\$336,408	\$8,808,178	\$9,016,553	\$208,375	\$544,783
Post Acute Care	\$5,412,284	\$7,305,550	(\$1,893,266)	\$6,647,058	\$6,881,324	\$234,266	(\$1,659,000)
Nursing Home Ancillary	\$173,841	\$200,800	(\$26,959)	\$168,187	\$150,016	(\$18,171)	(\$45,130)
Rehab Services	\$1,802,871	\$2,155,000	(\$352,129)	\$1,330,411	\$1,420,765	\$90,354	(\$261,775)
Pharmacy	\$4,072,761	\$4,132,900	(\$60,139)	\$4,057,140	\$4,004,910	(\$52,230)	(\$112,369)
Totals	\$24,199,769	\$26,475,857	(\$2,276,088)	\$27,711,386	\$28,175,857	\$464,471	(\$1,811,617)
County Appropriation	\$1,700,000	\$1,700,000	\$0				\$0
Excess Revenue/(Expense)	\$25,899,769	\$28,175,857	(\$2,276,088)	\$27,711,386	\$28,175,857	\$464,471	(\$1,811,617)



**North Central Health Care
Review of 2014 Services
Langlade County**

Direct Services:	2014 Actual Rev	2014 Budget Rev	Variance	2014 Actual Exp	2014 Budget Exp	Variance	Variance by Program
Outpatient Services	\$466,363	\$396,606	\$69,757	\$597,296	\$646,161	\$48,865	\$118,622
Psychiatry Services	\$48,589	\$37,182	\$11,407	\$182,473	\$183,996	\$1,523	\$12,930
Community Treatment	\$346,460	\$371,818	(\$25,358)	\$563,946	\$650,290	\$86,344	\$60,986
Day Services	\$486,408	\$611,021	(\$124,613)	\$502,308	\$584,708	\$82,400	(\$42,213)
Children's Services	\$120,818	\$96,673	\$24,145	\$190,319	\$188,335	(\$1,984)	\$22,161
Total Direct Services	\$1,468,638	\$1,513,300	(\$44,662)	\$2,036,342	\$2,253,490	\$217,148	\$172,486
Shared Services:							
Inpatient	\$409,077	\$290,906	\$118,171	\$546,341	\$447,842	(\$98,499)	\$19,672
CBRF	\$75,387	\$46,310	\$29,077	\$54,627	\$64,211	\$9,584	\$38,661
Crisis	\$9,919	\$8,445	\$1,474	\$53,878	\$55,537	\$1,659	\$3,133
Substance Abuse Day Treat.	\$1,321	\$15,686	(\$14,365)	\$10,771	\$30,065	\$19,294	\$4,929
Protective Services	\$24,953	\$25,135	(\$182)	\$55,770	\$58,806	\$3,036	\$2,854
Birth To Three	\$84,360	\$117,186	(\$32,826)	\$142,620	\$221,453	\$78,833	\$46,007
Residential	\$279,158	\$281,506	(\$2,348)	\$256,307	\$285,538	\$29,231	\$26,883
Contract Services	\$15,600	\$14,400	\$1,200	\$134,640	\$76,341	(\$58,299)	(\$57,099)
Total Shared Services	\$899,775	\$799,574	\$100,201	\$1,254,954	\$1,239,793	(\$15,161)	\$85,040
Totals	\$2,368,413	\$2,312,874	\$55,539	\$3,291,296	\$3,493,283	\$201,987	\$257,526
Base County Allocation	\$879,223	\$879,223	\$0				\$0
Nonoperating Revenue	\$2,888	\$3,186	(\$298)				(\$298)
County Appropriation	\$298,483	\$298,000	\$483				\$483
Excess Revenue/(Expense)	\$3,549,007	\$3,493,283	\$55,724	\$3,291,296	\$3,493,283	\$201,987	\$257,710

**North Central Health Care
Review of 2014 Services
Lincoln County**

Direct Services:	2014 Actual Rev	2014 Budget Rev	Variance	2014 Actual Exp	2014 Budget Exp	Variance	Variance By Program
Outpatient Services	\$403,987	\$384,734	\$19,253	\$598,547	\$674,785	\$76,238	\$95,491
Lincoln Psychiatry Services	\$22,627	\$32,529	(\$9,902)	\$130,920	\$276,225	\$145,305	\$135,403
Community Treatment	\$368,662	\$410,532	(\$41,870)	\$610,493	\$759,239	\$148,746	\$106,876
Children's Services	\$153,495	\$57,205	\$96,290	\$307,383	\$144,555	(\$162,828)	(\$66,538)
Total Direct Services	\$948,771	\$885,000	\$63,771	\$1,647,343	\$1,854,804	\$207,461	\$271,232
Shared Services:							
Inpatient	\$595,022	\$423,136	\$171,886	\$794,678	\$651,405	(\$143,273)	\$28,613
CBRF	\$109,654	\$67,360	\$42,294	\$79,458	\$93,398	\$13,940	\$56,234
Crisis	\$9,919	\$8,445	\$1,474	\$53,878	\$55,537	\$1,659	\$3,133
Substance Abuse Day Treat.	\$1,921	\$22,816	(\$20,895)	\$15,666	\$43,731	\$28,065	\$7,170
Protective Services	\$36,295	\$36,560	(\$265)	\$81,120	\$85,536	\$4,416	\$4,151
Birth To Three	\$119,116	\$83,504	\$35,612	\$201,380	\$165,519	(\$35,861)	(\$249)
Residential	\$50,105	\$45,309	\$4,796	\$48,025	\$44,798	(\$3,227)	\$1,569
Contract Services	\$22,100	\$20,400	\$1,700	\$195,840	\$111,042	(\$84,798)	(\$83,098)
Tota Shared Services	\$944,132	\$707,530	\$236,602	\$1,470,045	\$1,250,966	(\$219,079)	\$17,523
Totals	\$1,892,903	\$1,592,530	\$300,373	\$3,117,388	\$3,105,770	(\$11,618)	\$288,755
Base County Allocation	\$835,714	\$835,714	\$0				\$0
Nonoperating Revenue	\$4,005	\$5,063	(\$1,058)				(\$1,058)
County Appropriation	\$672,463	\$672,463	\$0				\$0
Excess Revenue (Expense)	\$3,405,085	\$3,105,770	\$299,315	\$3,117,388	\$3,105,770	(\$11,618)	\$287,697





North Central Health Care 2015 Year to Date Financial Summaries

The following reports include the activity for January-June, 2015 to provide additional information as to how NCHC is doing financially so far in 2015.



NORTH CENTRAL HEALTH CARE
FUND BALANCE COMPUTATION
June 30, 2015

51.42/437 PROGRAM

	MARATHON	LANGLADE	LINCOLN	TOTAL
PROGRAM REVENUE				
STATE ADDENDUMS	\$799,995	\$177,848	\$175,003	\$1,152,846
THIRD PARTY COLLECTIONS	\$7,465,818	\$1,079,418	\$820,583	\$9,365,819
TOTAL PROGRAM REVENUE	\$8,265,813	\$1,257,266	\$995,586	\$10,518,665
PROGRAM EXPENSES				
DIRECT SERVICES	\$5,178,212	\$1,094,781	\$815,367	\$7,088,360
SHARED SERVICES	\$6,072,064	\$669,489	\$804,440	\$7,545,993
TOTAL COST OF SERVICES	\$11,250,276	\$1,764,270	\$1,619,807	\$14,634,353
EXCESS REVENUE/(EXPENSES)	(\$2,984,463)	(\$507,004)	(\$624,221)	(\$4,115,688)
BASE COUNTY ALLOCATION	\$1,092,894	\$439,612	\$417,857	\$1,950,363
NON-OPERATING REVENUE	\$31,731	\$1,723	\$2,305	\$35,759
COUNTY APPROPRIATIONS	\$3,082,162	\$149,000	\$336,232	\$3,567,394
EXCESS REVENUE/(EXPENSES) AFTER COUNTY APPROPRIATION	\$1,222,324	\$83,331	\$132,173	\$1,437,828

NURSING HOME

PROGRAM REVENUE				
NURSING HOME REVENUE	\$9,069,394			\$9,069,394
NURSING HOME ANCILLARY REVENUE	\$3,088,250			\$3,088,250
TOTAL PROGRAM REVENUE	\$12,157,644			\$12,157,644
PROGRAM EXPENSES				
NURSING HOME EXPENSES	\$10,397,314			\$10,397,314
NURSING HOME ANCILLARY EXPENSE	\$2,472,777			\$2,472,777
TOTAL PROGRAM EXPENSES	\$12,870,091			\$12,870,091
EXCESS REVENUE/(EXPENSES)	(\$712,447)			(\$712,447)
COUNTY APPROPRIATION	\$850,000			\$850,000
EXCESS REVENUE/(EXPENSES) AFTER COUNTY APPROPRIATION	\$137,553			\$137,553

Overall North Central Health Care Gain/(Loss) by County:

	Marathon	Langlade	Lincoln	
Overall Excess Revenue/(Expense)	\$1,359,877	\$83,331	\$132,173	\$1,575,381



North Central Health Care
Review of 2015 Services
Marathon County

	2015 Jan-June Actual Rev	2015 Jan-June Budget Rev	Variance	2015 Jan-June Actual Exp	2015 Jan-June Budget Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$474,359	\$633,400	(\$159,041)	\$769,163	\$1,282,575	\$513,412	\$354,371
Psychiatry Services	\$141,353	\$163,253	(\$21,900)	\$536,318	\$875,578	\$339,260	\$317,360
Community Treatment	\$1,500,445	\$1,775,232	(\$274,787)	\$2,144,134	\$2,354,569	\$210,435	(\$64,352)
Day Services	\$887,250	\$883,127	\$4,124	\$827,969	\$898,828	\$70,859	\$74,982
Clubhouse	\$155,412	\$146,924	\$8,489	\$240,215	\$224,424	(\$15,792)	(\$7,303)
Demand Transportation	\$197,800	\$219,359	(\$21,559)	\$193,042	\$219,359	\$26,317	\$4,758
Leased Space	\$113,672	\$119,650	(\$5,978)	\$129,900	\$140,520	\$10,620	\$4,642
Aquatic Services	\$337,132	\$342,950	(\$5,818)	\$337,471	\$342,950	\$5,479	(\$339)
AODA Residential	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$3,807,423	\$4,283,893	(\$476,470)	\$5,178,212	\$6,338,801	\$1,160,589	\$684,119
Shared Services:							
Inpatient	\$1,470,429	\$1,132,595	\$337,834	\$2,193,701	\$1,879,057	(\$314,644)	\$23,190
CBRF	\$317,353	\$140,890	\$176,463	\$176,745	\$293,369	\$116,624	\$293,087
Crisis Services	\$65,891	\$68,355	(\$2,464)	\$490,210	\$478,529	(\$11,681)	(\$14,145)
Substance Abuse Day Treat.	\$19,906	\$39,420	(\$19,514)	\$22,493	\$68,171	\$45,678	\$26,164
Protective Services	\$83,259	\$82,855	\$404	\$186,930	\$204,643	\$17,713	\$18,117
Birth To Three	\$350,242	\$333,464	\$16,779	\$602,683	\$649,847	\$47,164	\$63,942
Residential-Group Homes	\$1,044,576	\$1,064,216	(\$19,640)	\$989,010	\$1,112,526	\$123,516	\$103,876
Residential-Apartments	\$1,091,225	\$1,134,156	(\$42,931)	\$997,744	\$1,072,654	\$74,910	\$31,979
Contracted Services	\$15,509	\$0	\$15,509	\$412,548	\$256,160	(\$156,389)	(\$140,880)
	\$4,458,390	\$3,995,950	\$446,931	\$6,072,064	\$6,014,953	(\$57,112)	\$405,329
Totals	\$8,265,813	\$8,279,843	(\$29,539)	\$11,250,276	\$12,353,754	\$1,103,478	\$1,089,448
Base County Allocation	\$1,092,894	\$1,093,250	(\$356)				(\$356)
Nonoperating Revenue	\$31,731	\$40,583	(\$8,852)				(\$8,852)
County Appropriation	\$3,082,162	\$2,940,079	\$142,084				\$142,084
Excess Revenue/(Expense)	\$12,472,600	\$12,353,754	\$103,338	\$11,250,276	\$12,353,754	\$1,103,478	\$1,222,324



North Central Health Care
Review of 2015 Services
Nursing Home

Direct Services:	2015 Jan-June Actual Rev	2015 Jan-June Budg Rev	Variance	2015 Jan-June Actual Exp	2015 Jan-June Budg Exp	Variance	Variance by Program
Long Term Care	\$2,451,261	\$2,636,000	(\$184,739)	\$3,124,319	\$2,949,893	(\$174,427)	(\$359,166)
Legacies	\$3,668,691	\$3,548,000	\$120,691	\$3,943,897	\$4,231,537	\$287,640	\$408,331
Post Acute Care	\$2,949,442	\$2,953,300	(\$3,858)	\$3,329,098	\$3,354,714	\$25,616	\$21,758
Nursing Home Ancillary	\$76,212	\$90,400	(\$14,188)	\$69,297	\$87,360	\$18,063	\$3,875
Rehab Services	\$1,019,641	\$1,075,500	(\$55,859)	\$547,590	\$622,776	\$75,186	\$19,327
Pharmacy	\$1,992,397	\$2,002,100	(\$9,703)	\$1,855,890	\$1,909,022	\$53,132	\$43,429
Totals	\$12,157,644	\$12,305,300	(\$147,656)	\$12,870,091	\$13,155,300	\$285,209	\$137,553
County Appropriation	\$850,000	\$850,000	\$0				\$0
Excess Revenue/(Expense)	\$13,007,644	\$13,155,300	(\$147,656)	\$12,870,091	\$13,155,300	\$285,209	\$137,553



North Central Health Care
Review of 2015 Services
Langlade County

	2015 Jan-June Actual Rev	2015 Jan-June Budg Rev	Variance	2015 Jan-June Actual Exp	2015 Jan-June Budg Exp	Variance	Variance by Program
Direct Services:							
Outpatient Services	\$215,301	\$204,974	\$10,328	\$312,692	\$339,099	\$26,407	\$36,735
Psychiatry Services	\$21,679	\$12,675	\$9,004	\$107,401	\$110,218	\$2,817	\$11,821
Community Treatment	\$272,901	\$330,253	(\$57,352)	\$361,097	\$404,263	\$43,166	(\$14,187)
Day Services	\$247,509	\$283,076	(\$35,567)	\$207,373	\$251,210	\$43,837	\$8,270
Children's Services	\$32,097	\$39,836	(\$7,739)	\$106,217	\$81,541	(\$24,677)	(\$32,416)
	\$789,487	\$870,814	(\$81,327)	\$1,094,780	\$1,186,330	\$91,550	\$10,224
Shared Services:							
Inpatient	\$221,571	\$170,665	\$50,906	\$330,558	\$283,146	(\$47,413)	\$3,494
CBRF	\$47,820	\$21,230	\$26,590	\$26,633	\$44,206	\$17,573	\$44,163
Crisis	\$3,661	\$3,798	(\$137)	\$27,234	\$26,585	(\$649)	(\$786)
Substance Abuse Day Treat.	\$3,000	\$5,940	(\$2,940)	\$3,389	\$10,272	\$6,883	\$3,943
Protective Services	\$12,545	\$12,485	\$60	\$28,167	\$30,837	\$2,670	\$2,730
Birth To Three	\$34,406	\$65,209	(\$30,803)	\$59,204	\$121,807	\$62,603	\$31,800
Residential-Group Homes	\$66,582	\$67,834	(\$1,252)	\$63,040	\$70,914	\$7,874	\$6,622
Residential-Apartments	\$75,573	\$78,546	(\$2,973)	\$69,098	\$74,286	\$5,188	\$2,216
Contract Services	\$2,621	\$0	\$2,621	\$62,165	\$38,600	(\$23,566)	(\$20,945)
	\$467,779	\$425,706	\$42,073	\$669,488	\$700,651	\$31,163	\$73,236
Totals	\$1,257,266	\$1,296,520	(\$39,254)	\$1,764,268	\$1,886,981	\$122,713	\$83,460
Base County Allocation	\$439,612	\$439,612	\$1				\$1
Nonoperating Revenue	\$1,723	\$1,851	(\$128)				(\$128)
County Appropriation	\$149,000	\$149,000	\$0				\$0
Excess Revenue/(Expense)	\$1,847,601	\$1,886,982	(\$39,381)	\$1,764,268	\$1,886,982	\$122,713	\$83,331

North Central Health Care
Review of 2015 Services
Lincoln County

	2015 Jan-June Actual Rev	2015 Jan-June Budget Rev	Variance	2015 Jan-June Actual Exp	2015 Jan-June Budg Exp	Variance	Variance By Program
Direct Services:							
Outpatient Services	\$169,058	\$221,114	(\$52,056)	\$244,215	\$313,266	\$69,051	\$16,995
Lincoln Psychiatry Services	\$22,179	\$22,897	(\$718)	\$52,585	\$172,216	\$119,631	\$118,913
Community Treatment	\$263,238	\$326,636	(\$63,398)	\$397,406	\$426,944	\$29,538	(\$33,860)
Children's Services	\$37,725	\$33,255	\$4,471	\$121,160	\$95,929	(\$25,231)	(\$20,761)
	\$492,200	\$603,901	(\$111,701)	\$815,366	\$1,008,355	\$192,989	\$81,288
Shared Services:							
Inpatient	\$322,284	\$248,240	\$74,044	\$480,811	\$411,848	(\$68,963)	\$5,081
CBRF	\$69,557	\$30,880	\$38,677	\$38,739	\$64,300	\$25,561	\$64,238
Crisis	\$3,661	\$3,798	(\$137)	\$27,234	\$26,585	(\$649)	(\$786)
Sustance Abuse Day Treat.	\$4,363	\$8,640	(\$4,277)	\$4,930	\$14,942	\$10,012	\$5,735
Protective Services	\$18,249	\$18,160	\$89	\$40,971	\$44,853	\$3,882	\$3,971
Birth To Three	\$57,987	\$46,466	\$11,521	\$99,782	\$91,042	(\$8,741)	\$2,781
Residential	\$23,571	\$24,499	(\$928)	\$21,552	\$23,171	\$1,619	\$691
Contract Services	\$3,713	\$0	\$3,713	\$90,421	\$56,145	(\$34,277)	(\$30,564)
	\$503,385	\$380,683	\$122,703	\$804,440	\$732,884	(\$71,556)	\$51,147
Totals	\$995,585	\$984,583	\$11,002	\$1,619,806	\$1,741,239	\$121,433	\$132,435
Base County Allocation	\$417,857	\$417,857	\$0				\$0
Nonoperating Revenue	\$2,305	\$2,567	(\$262)				(\$262)
County Appropriation	\$336,232	\$336,232	\$1				\$1
Excess Revenue (Expense)	\$1,751,979	\$1,741,239	\$10,741	\$1,619,806	\$1,741,239	\$121,433	\$132,173



North Central Health Care 2014 – 2015 Year to Date Clients Served

In this section the numbers of clients, patients or residents is shown by program name for 2014, and year to date for 2015. We have also included the average length of stay in each of the programs as well as the numbers of clients that have an inability to pay for services.



**North Central Health
Clients Served**

Number of Clients Served-2014

Number of Clients Served-Jan-June, 2015

Program	Number of Clients Served-2014					Number of Clients Served-Jan-June, 2015				
	Marathon County	Langlade County	Lincoln County	Other	Total	Marathon County	Langlade County	Lincoln County	Other	Total
Outpatient Services	2114	675	619	65	3473	1399	562	425	33	2419
Psychiatry Services	1188	148	192	36	1564	1076	119	194	19	1408
Community Treatment	426	62	67	17	572	392	59	67	3	521
Day Services	184	77		7	268	174	73		7	254
Clubhouse	130				130	112				112
Demand Transportation	1080				1080	467				467
Aquatic Services	500	2	26	11	539	285	1	21	5	312
Children's Services		22	41		63		18	30		48
Inpatient (Hospital)	637	82	93	129	941	267	39	46	28	380
CBRF	123	6	12	6	147	68	4	6	2	80
Crisis Services	525	45	78	49	697	455	46	85	27	613
Substance Abuse Day Treat.	11				11	10	5	3		18
Protective Services	62	16	19	3	100	23	2	9		34
Birth To Three	344	41	73	2	460	250	28	40		318
Residential	86	4	1		91	81	4	1		86
Long Term Care	164				164	106				106
Post Acute Care	205			37	242	145			14	159
Legacies-Dementia Care	155				155	134				134

**Average Length of Time of Program-Number of Days
(Based on Clients Discharged in 2014)**

Program	Marathon County	Langlade County	Lincoln County
Outpatient Services	283	266	223
Psychiatry Services	2432	1699	912
Community Treatment-CSP	3945	2686	
Community Treatment-CCS	967	330	305
Day Services	2217	10268	
Clubhouse	832		
Demand Transportation	87		
Aquatic Services		43	
Children's Services		302	251
Inpatient (Hospital)	6		
CBRF	21		
Crisis Services	46	103	49
Protective Services	343		
Birth To Three	319	187	211
Residential	9137		
Nursing Home-Long Term Care	415		
Nursing Home-Post Acute Care	142		
Nursing Home-Legacies Dementia Care	690		

**Marathon County Langlade County Lincoln County
2014-Clients with no ability to pay**

**Marathon County Langlade County Lincoln County
Clients with no ability as of June 30, 2015**

Clients with no ability to pay	892	166	182	487	69	94
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North Central Health Care 2014 – 15 Year to Date Program Access to Services Summary

In this final summary that details year to date 2015 data, each program has determined a target for access of services for the individuals that are served. The information provided shows the number of times the program has been at or below the target and also the total number of referrals or appointment requests.



NCHC PROGRAMS ACCESS

AQUATIC THERAPY		JAN-15	FEB-15	MAR-15	APR-15	MAY-15	JUN-15	JUL-15	AUG-15	SEP-15	OCT-15	NOV-15	DEC-15	YTD
TARGET: within 2 wks fo receiving referral or client phone call request	# of times at or below target	33	39	38	40	44	38							232
	Total # referrals or appt requests	33	39	52	48	56	49							277
	ACCESS RATE	100%	100%	73%	83%	79%	78%							84%
BIRTH TO 3		JAN-15	FEB-15	MAR-15	APR-15	MAY-15	JUN-15	JUL-15	AUG-15	SEP-15	OCT-15	NOV-15	DEC-15	YTD
TARGET: ≤ 45 Days	# of times at or below target	11	13	12	14	13	15							
	Total # referrals or appt requests	11	13	12	14	13	15							
	ACCESS RATE	100%	100%	100%	100%	100%	100%							
CLUBHOUSE		JAN-15	FEB-15	MAR-15	APR-15	MAY-15	JUN-15	JUL-15	AUG-15	SEP-15	OCT-15	NOV-15	DEC-15	YTD
TARGET: within 2 wks	# of times at or below target	1	5	4	4	8	6							28
	Total # referrals or appt requests	2	5	5	4	8	6							30
	ACCESS RATE	50.0%	100.0%	80.0%	100.0%	100.0%	100.0%							93.3%
COMMUNITY TREATMENT		JAN-15	FEB-15	MAR-15	APR-15	MAY-15	JUN-15	JUL-15	AUG-15	SEP-15	OCT-15	NOV-15	DEC-15	YTD
TARGET: within 60 days of referral	# of times at target	4	9	11	13	7	4							48
	Total # referrals or appt requests	4	9	11	17	10	6							57
	ACCESS RATE	100%	100%	100%	76%	70%	67%							84%
OUTPATIENT SERVICES		JAN-15	FEB-15	MAR-15	APR-15	MAY-15	JUN-15	JUL-15	AUG-15	SEP-15	OCT-15	NOV-15	DEC-15	YTD
TARGET: < 14 Days	# of times at or below target	190	168	165	134	99	78							834
	Total # referrals or appt requests	192	171	170	165	157	166							1021
	ACCESS RATE	99%	98%	97%	81%	63%	47%							82%
PREVOCATIONAL SERVICES		JAN-15	FEB-15	MAR-15	APR-15	MAY-15	JUN-15	JUL-15	AUG-15	SEP-15	OCT-15	NOV-15	DEC-15	YTD
TARGET: within 2 weeks of receiving required enrollment documents	# of times at or below target	1	1	1	0	0	2							
	Total # referrals or appt requests	1	1	1	0	0	2							
	ACCESS RATE	100%	100%	100%	100%	\	100%							
RESIDENTIAL SERVICES		JAN-15	FEB-15	MAR-15	APR-15	MAY-15	JUN-15	JUL-15	AUG-15	SEP-15	OCT-15	NOV-15	DEC-15	YTD
TARGET:1 month after referral	# of times at or below target	0	1	2	1	0	0							
	Total # referrals or appt requests	0	1	2	1	0	0							
	ACCESS RATE	\	100%	100%	100%	\	\							
ADS		JAN-15	FEB-15	MAR-15	APR-15	MAY-15	JUN-15	JUL-15	AUG-15	SEP-15	OCT-15	NOV-15	DEC-15	YTD
TARGET: within 2 weeks from receiving required enrollment documents	# of times at or below target	0	0	1	1	1	0							
	Total # referrals or appt requests	0	0	1	1	1	0							
	ACCESS RATE	\	\	100%	100%	100%	\							
NCHC OVERALL ACCESS		JAN-15	FEB-15	MAR-15	APR-15	MAY-15	JUN-15	JUL-15	AUG-15	SEP-15	OCT-15	NOV-15	DEC-15	YTD
TARGET: 90-95% ACCESS	Total all programs: # of times at or below target	240	236	234	207	172	143	0	0	0	0	0	0	1142
	Total all programs: Total # referrals or appt requests	243	239	254	250	245	244	0	0	0	0	0	0	1385
COMBINED ACCESS RATE		99%	99%	92%	83%	70%	59%							82%

